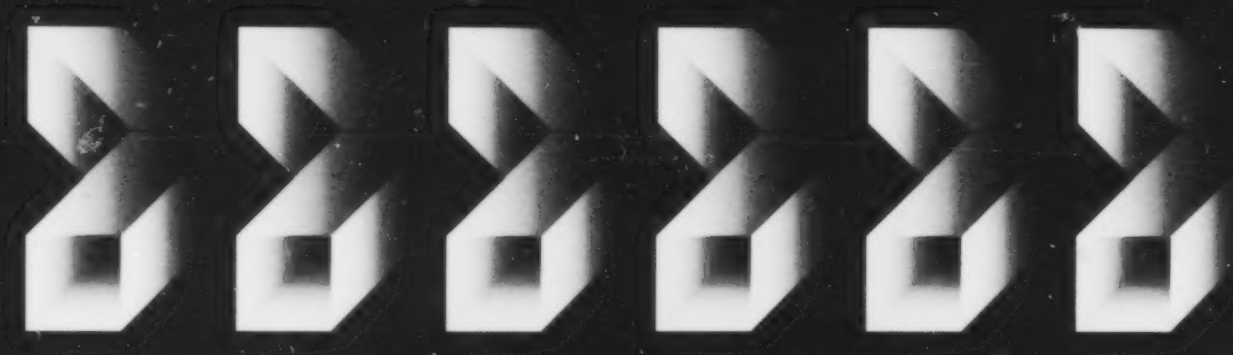
Health Canada Santé Canada

Evaluation Group **Groupe de l'évaluation**

Strategic Planning and Review Directorate **Direction de la planification stratégique et de l'examen**

Policy and Consultation Branch **Direction générale des politiques et de la consultation**



EVALUATION OF THE TOBACCO DEMAND REDUCTION STRATEGY: TECHNICAL REPORT # 1

Public Education and Awareness Component
Community Action Initiative Component
Access to Information Component
(Volume I and Volume II)

April 1997

Canada

MISSION STATEMENT

The Evaluation Group helps Health Canada serve Canadians better by providing objective information and advice about the effectiveness of departmental activities and services.

ÉNONCÉ DE MISSION

Le Groupe de l'évaluation aide Santé Canada à mieux servir les Canadiens et les Canadiennes en offrant une information et des conseils objectifs sur l'efficacité des activités et des services du Ministère.

104-00989/

EVALUATION OF THE TOBACCO DEMAND REDUCTION STRATEGY

Public Education and Awareness Component
Community Action Initiative Component
Access to Information Component

Volume I

FINAL REPORT

Jamieson, Beals, Lalonde & Associates, Inc.

April 1997

EVALUATION OF THE TOBACCO DEMAND REDUCTION STRATEGY

Public Education and Awareness Component
Community Action Initiative Component
Access to Information Component

EXECUTIVE SUMMARY

Jamieson, Beals, Lalonde & Associates, Inc.

April 1997

I. INTRODUCTION

Background to the Study

The Tobacco Demand Reduction Strategy (TDRS) is one component of the federal National Action Plan to Combat Smuggling in Canada (1994/95 - 1996/97). Consistent with the goals of the National Strategy to Reduce Tobacco Use, the specific objectives of the TDRS are to:

- minimize increases in tobacco consumption particularly in groups most sensitive to lower prices, and
- increase tobacco control as a priority public health strategy in Canada.

As well, the TDRS is intended to help:

- increase Canadians' knowledge about the dangers of tobacco use
- increase public awareness of the hazards of environmental tobacco smoke, and
- make the use and marketing of tobacco products less of a "norm" in this country.

Youth, women, and other priority groups[1], are the specific target populations of the TDRS.

Health Canada is responsible for implementing the TDRS, in close cooperation with the provinces, territories, Canadian health organizations and other partners.

The TDRS was allocated $185 million over three years (FY1994/95 - FY1996/97), but funds were reduced to $100 million due to fiscal restraint measures.

Purpose of this Study

In accordance with Treasury Board (TB) requirements, in November, 1996, Health Canada issued a request for proposal to conduct a final evaluation of the Public Education and Awareness Program (PEAP), the Community Action Initiative Program (CAIP) and the Access to Information Components of the TDRS.

---

[1] Priority populations include: low income Canadians, ethnic and new immigrant populations, Aboriginal peoples, francophones, people with low literacy skills, itinerants, and those who are heavily addicted.

The results of this evaluation will form part of an overall evaluation of the TDRS. Jamieson, Beals, Lalonde and Associates, Inc. was awarded the contract to carry out the evaluation.

Methodology

The evaluation methodology included:

- an in-depth review of 30 projects selected from a pool of 40 pre-selected, completed projects funded via the ***Public Education and Awareness Program (PEAP)***, including interviews with Health Canada consultants, contractors, and other external stakeholders
- an in-depth review of 40, nationally representative projects randomly-selected from a pool of 234 projects funded via the ***Community Action Initiative Program (CAIP)***, including interviews with Health Canada consultants, project sponsors, and other external stakeholders, and
- a case study of the centrepiece of this ***Access to Information*** intervention, the National Clearinghouse on Tobacco and Health (NCTH).

II. PUBLIC EDUCATION AND AWARENESS PROGRAM - FINDINGS

Sample Overview

The PEAP sample included 9 research projects, 19 resource products, one networking and one strategic planning project. Target populations included children, youth, women, Aboriginal peoples, and the disabled. The projects were funded via contracts, and exhibited a wide range in funding amounts, from $8,584 to $941,456. Over half (57%) of the projects were over $75K.

Consistency with the TDRS Goals

All of the projects were consistent with the goals of the TDRS in the area of prevention, cessation, and protection.

Research Projects

Achievements

A wide spectrum of research projects on new or emerging topics, and priority populations were funded. Topics included the tobacco industry marketing and youth, gender differences in smoking behaviour among pre- and early adolescents, women, tobacco and the media; women and smoking cessation, a needs assessment of disadvantaged, high-priority English-speaking women, the smoking behaviours and needs assessment of francophone women in the area of tobacco, the attitudes of parents and caregivers of young children on environmental tobacco smoke (ETS) and children, physicians' attitudes and behaviours towards smoking cessation, and the economic impact of ETS policies/legislation on the hospitality sector.

Impact

Our review indicates that PEAP research has yielded in-depth qualitative information on tobacco-related consumption and control issues, is being incorporated into practice, and is guiding other research, policy development, and resource product development.

Because of the recency of research results, it is difficult to further detail impact.

PEAP Resource Products

Achievements

A total of 19 resource products were included in our sample, reflecting good coverage of issues and target populations[2], including products for school children and youth, women, pre-natal and post-partum providers, health professionals and other health/care providers serving high priority populations, parents and caregivers of young children (concerning ETS), as well as other activities, such as women and tobacco networking, strategic planning on ETS, and the pilot-testing of a guidebook on reducing tobacco consumption in the workplace.

---

[2] There were no projects dealing specifically with the unemployed, low literacy, or ethnocultural groups in the sample.

Most of the completed resource products are, or will continue to be disseminated through a variety of strategies involving a variety of organizations and media formats. There do not appear to be in place any means for tracking dissemination, or soliciting user feedback on product resources. Such mechanisms would enable a more systematic assessment of product utility and outcome.

Impact

Overall, we are satisfied that the resource products sampled addressed identified needs. The final products are of high quality and standard, demonstrate good use of innovative implementation strategies, and took advantage of suitable opportunities to address target population needs.

It is too early to tell the impact of these products on public awareness and knowledge of tobacco consumption and control issues, due to the recency of completion and the fact that little outcome evaluation data is available. As well there are methodological difficulties in measuring a change in public knowledge and attitudes in a cost-efficient manner. Opinion data indicates that PEAP funding has yielded valid contributions to knowledge on emerging and under-researched issues, and generated improved knowledge on methods and strategies to reach priority populations and to change their knowledge, attitudes and behaviours concerning tobacco. Examples include: improved knowledge on peer-learning strategies for youth, culturally and target-group appropriate resources for Aboriginal Peoples, and empowerment strategies related to women and tobacco cessation.

There are concerns that the potential impact of PEAP Resource Products will not be realized if funding for continued implementation, publication, and dissemination beyond March 31, 1997 is not made available.

III. COMMUNITY ACTION INITIATIVE PROGRAM - FINDINGS

Sample Overview

Our random selection of 40 Community Action Initiative Programs, representative of the CAIP nationally, included the following:

- National level projects (2)
- Community Action & Organizational Development (25)
- Resource Products (4)
- Demonstration Projects (1)

- Program Development and Delivery (4)
- Education & Awareness (2)
- Other (2)

All of the projects funded under CAIP were contribution agreements, and ranged in funding amount, from $4,459.00 to $1,350,000. Approximately two-thirds (62.5%) of the projects were under $75K.

All projects in the CAIP sample were consistent with the overall objectives of the TDRS, and generally consistent with the initial CAIP funding criteria. They included a mix of prevention, cessation, and protection goals.

State of Completion

It should be noted that only 15 of the 40 projects had a final report on file, owing primarily to the fact that many projects will not be completed until March 31, 1997. Only 14 of the 40 projects had evaluation reports on file. Clearly, the absence of final and evaluation reports has an impact on the extent of our findings and conclusions, and we have relied more heavily on opinion data than we anticipated would be necessary.

Objectives Achievement

Generally, CAIP projects have met, or are meeting their short-term objectives. In some community-action projects, mobilization did not occur to the extent envisioned because it was felt that time frames were often too short to fully mobilize community members. In others, projects exceeded their objectives for participation.

Impact on Community Development

CAIP projects enjoyed consistently high levels of support from and participation by community members from the inception of the project through to implementation. Opinion data indicates that CAIP projects have raised levels of awareness concerning tobacco consumption and control in a variety of community settings - urban areas, rural areas, northern and remote areas, and amongst priority populations e.g. women, aboriginals, youth. In many cases, there were more active partners and participants than anticipated. CAIP has contributed to increased levels of community development skills, resulted in spin-offs in other aspects of individuals' lives (e.g. improved self-esteem and self-worth of priority populations), and improved community living (e.g. helped to create municipal tobacco control by-laws).

At this stage, it is difficult to measure the long-term "success" or "effectiveness" of CAIP projects in terms of community development. The limited time frame for CAIP projects has constrained the potential impact on community development.

Impact on Capacity-building

Capacity-building in very basic terms refers to the contribution that CAIP funded projects have made to a community's ability to respond - beyond the TDRS - to tobacco consumption and control issues. Our interviewees are of the opinion that CAIP projects have contributed, or will contribute to capacity-building primarily by improving the knowledge and skill-base of community members; expanding partnerships and networks; and making available resource products and tools that can be used in other projects and contexts.

The concept and process of partnership building is intricate, requiring groups to find and cultivate the most appropriate local partners and project "champions", negotiate partnership roles and responsibilities, and fulfil an ongoing responsibility regarding communication and problem-solving during the course of the project. It seems that it is sometimes difficult for project staff to accord priority to longer-term partnership issues (e.g. beyond the project time frame) because they (and the available resources) are consumed with the here and now of project implementation.

Sustainability

In most cases, there is on-going interest and good intentions to pursue further activity, yet we did not find much evidence of any concrete plans to explore the relevancy, appropriateness, or possible form of on-going sustainability of CAIP activities or networks. The importance and relevancy of sustainability may vary by project type, e.g. a program requires a different type of resource infrastructure than does a network. Many CAIP projects were also "one-time" activities with a very diffuse expectation for further action. Sustainability should therefore not be construed as a standard requirement of CAIP projects.

Key Learnings and Transferability of CAIP Results

Much has been, and will be learned from CAIP projects. How key learnings will be shared is not, at least from a project sponsor perspective, clear at this point. Even the role of the NCTH as a repository of CAIP reports (discussed under Section IV) was not clear to most project sponsors interviewed in this evaluation.

Evaluation Expectations

Few evaluation results are available at this point in time, and the major focus of evaluations that were done or are planned are 'process', not 'outcome'-oriented. We recognize that in some cases, it is a question of balance and resources: outcome evaluations can be resource intensive and may not be cost-effective on small-scale projects. Considering that 45% of CAIP projects in our sample were under $50K, and 75% were under $100K, it is important that realistic expectations for evaluation be established. Another difficulty with CAIP project evaluations is that the short time frame of the TDRS does not necessarily coincide with realistic program development, implementation, and evaluation timelines. Another difficulty is that project-specific evaluation support is sometimes lacking.

We note that one strategy to address the latter issue was implemented in a western region, where a CAIP "project" was designed to provide evaluation support for project sponsors. Although the results are not yet available, it seems that customized support of this nature is helpful.

IV. ACCESS TO INFORMATION - NATIONAL CLEARINGHOUSE ON TOBACCO AND HEALTH (NCTH) CASE STUDY FINDINGS

The TDRS intended to enhance the dissemination and exchange of tobacco-related information by providing enhanced funding for the National Clearinghouse on Tobacco and Health, which had been established by the Steering Committee of the National Strategy to Reduce Tobacco Use at the request of federal/provincial/territorial health ministers, in 1989. NCTH is supported by the provincial, territorial and federal governments and non-governmental health organizations. It is administered by the Canadian Council on Smoking and Health, a non-profit national organization.

Through the TDRS, Health Canada approved $4.3 million in funding over three years (1994-1997) for NCTH specifically to:

- "expand its current activities to meet increased demands for its services
- upgrade its information storage and retrieval systems mandate , and
- develop and deliver more comprehensive client services".

Subsequent funding cuts during the Strategy have since reduced the original allocation to NCTH. As a result, by the time TDRS sunsets in March 1997, the NCTH allocation will total $3.75 million.

The case study of the NCTH focused on four evaluation questions, on which we report, below.

The Evolution of Services and Products Offered by the NCTH since 1994

The NCTH has expanded its original inventory of core products and services under TDRS, added new products and services, and expanded the promotion of products and services. It has

- increased the quantity and quality of its inventory to some 20,000 documents
- continued to provide and streamline customized responses to requests for information, and to undertake projects to facilitate clients' work in tobacco reduction control
- produced a new monthly newsletter called *The Nicotine Times* and revised the Tobacco and Health Network Directory to meet Francophone needs
- upgraded its technical infrastructure by developing its own Web server, launched an award winning homepage on the World Wide Web, and developed its own internal data bases for reference purposes
- promoted its services via the NCTH homepage, participation in conferences and presentations nationally and internationally, publication in journals such as *Health Promotion*, and

- built partnerships, including entering into a reciprocal partnership with the Ontario Tobacco Research Unit.

The Extent to which People in the Tobacco Control Community, the Corporate Sector, Schools and the Provincial/Territorial Governments have used the NCTH's Services and Products, and whether the NCTH has reached a Broader Audience than just the Tobacco Community

In 1996, NCTH expanded its mandate to include providing direct service to the general public in order to meet Health Canada's criteria for clearinghouses in Canada, but the tobacco control community continues to be its primary client group. Non-profit organizations remain the major client group in this area, followed by health units and government departments at all levels. According to a client satisfaction survey conducted in 1996, requests for assistance were most commonly from clients involved in Program or Resource Development (89% of respondents).

NCTH considers the launch of the NCTH homepage on the Web to be a key means of increasing public access to NCTH products and services. There were 13,537 visits to the NCTH web site recorded between September 1996 and 1997, an average of 113 per day. It is not possible, however, to identify the composition of web site visitors by client type. Thus, the extent to which the addition of the homepage to the NCTH's products and services actually broadened the scope of the Clearinghouse's client profile remains undetermined.

A comparison of NCTH "total requests" data reported in September 1994 and September 1996 indicates that, on average, NCTH responded to a higher number of requests each year between 1994 and 1996 than in the preceding five year period (not including web site users).

The Extent to which the NCTH has been used by Health Canada and others to disseminate Research Studies funded through the TDRS

NCTH has always made a practice of including relevant Health Canada resources in its collection, and promoting selected Health Canada resources in its newsletter or via its homepage. The warehousing and distribution of TDRS resources/publications is not within NCTH's mandate.

NCTH entered into an agreement with Health Canada, wherein NCTH would assist potential and actual CAIP funding recipients in addressing their information needs, receive all product resources developed through CAIP-funded projects and maintain them for a six-month period, and maintain some of the above resources beyond that period (providing they are deemed to be a worthwhile addition to the permanent Clearinghouse collection).

According to both Health Canada and NCTH interviewees, only a limited number of CAIP products have been forwarded to NCTH to date, primarily because the vast majority of CAIP projects will not be completed until March 1997.

Health Canada personnel report that the majority of final products from PEAP projects funded under the Women and Tobacco and Pre- and Post-Natal Initiatives have routinely been forwarded to NCTH. Our project file review identified only two projects in our sample which included a distribution plan that mentioned NCTH.

There are no data to indicate exact numbers of TDRS-funded products (or CAIP projects specifically) that have either been provided to or are currently available from NCTH.

What is the future viability of the Clearinghouse once the TDRS sunsets?

Under TDRS, the federal government not only significantly increased its funding support for NCTH to a total allocation of $3.75 million, it also became the primary funder for NCTH operations and administration, providing more than 90% of NCTH's budget. According to figures provided by CCSH for 1995/96, the other funding partners include the provinces and one territory, and one national NGO. It appears that Health Canada then continued its funding support to NCTH for FY 1996-97, although at a reduced level. Federal funding for NCTH ends when TDRS sunsets on March 31, 1997.

A business plan entitled *The Centre for Tobacco Control: A Strategic Business Plan (proposed) April 1, 1997 to March 31, 1999*, was approved at the CCSH Annual General Meeting on November 3, 1996. Since that time, the Plan has been submitted to Health Canada, and the Plan is being refined and operationalized within CCSH.

The Plan is based on the creation of a new entity to be called the Canadian Centre for Tobacco Control (CCTC), which would encompass the current CCSH and NCTH infrastructures as one organizational entity.

The financial projections include significant revenues from the federal government ($385,000 out of total projected revenues of $770,000); current provincial/territorial funding partners would be expected to continue to contribute a total of $190,000. At the time of this study, according to CCSH personnel, two provinces have made a commitment to continue their funding support for the proposed CCTC. Other proposed new sources of funding include membership fees ($90,000), a small amount of corporate sponsorship ($80,000) and limited revenues from fees-for-services ($25,000).

As of December 1996, however, it appears that Health Canada had expressed concerns about the proposed Plan, including its heavy reliance on federal government funding until 1999.

Two recent NCTH client surveys have clearly indicated high levels of client satisfaction. At the same time, some case study interviewees voiced concerns about the NCTH's viability, including concerns linked to perceived ongoing management problems affecting NCTH. They also expressed scepticism about continued federal funding; doubts about the availability and feasibility of other funding sources; concerns about how the influx of TDRS funding has contributed to management problems; and the implications of perpetuating the current situation in future.

Conclusion

It is clear that there is an ongoing need for Access to Information in the area of tobacco reduction and control in Canada. To date, the federal funding of NCTH represents an important investment in this area, but there are a variety of issues about the role of NCTH as a ongoing vehicle to facilitate information dissemination on tobacco. At the request of Health Canada, a business plan has been developed.

Finally, the viability issue is contextualized by a changing environment at the national level. Significant factors include the sunsetting of TDRS, the recent announcement of further federal funding for tobacco control education and enforcement initiatives, and the ongoing development of the Health Information Highway.

TABLE OF CONTENTS

Page

PART 1 INTRODUCTION 1
- I. INTRODUCTION 1
  - A. Background to the Study 1
  - B. Objectives of this Study 2
  - C. Evaluation Focus 3
  - D. Evaluation Scope 3
- II. HOW THIS REPORT IS ORGANIZED 3
- III. OVERVIEW 4
  - A. Public Education and Awareness Program 5
  - B. Community Action Initiative Program (CAIP) 5
  - C. Access to Information 7
- IV. METHODOLOGY 8
  - A. Overview 8
  - B. Limitations 8

PART II PRESENTATION OF FINDINGS AND CONCLUSIONS 10
- I. PUBLIC EDUCATION AND AWARENESS PROGRAM 11
  - A. Description of the PEAP Sample 11
  - B. Research Projects 14
  - C. Overview of Sample PEAP Resource Products 16
  - D. How PEAP Resource Products have been Implemented and Utilized 18
  - E. PEAP Resource Product Impact 19
  - F. Conclusion 21
- II. COMMUNITY ACTION INITIATIVE PROGRAM 23
  - A. Description of the CAIP Project Sample 23
  - B. Results Achievement 25
  - C. CAIP Effects on Community Development & Capacity-Building 26
  - D. Conclusion 29
- III. ACCESS TO INFORMATION 30

References 41

PART 1

INTRODUCTION

I. INTRODUCTION

A. Background to the Study

The Tobacco Demand Reduction Strategy (TDRS) is one component of the federal National Action Plan to Combat Smuggling in Canada (1994/95 - 1996/97).[1] It is consistent with the goals of the National Strategy to Reduce Tobacco Use, launched in 1985, which are to:

- support Canadians who attempt to quit smoking
- help non-smokers remain smoke-free
- protect the rights and health of non-smokers, and
- create a negative environment for tobacco use in Canada.[2]

The specific objectives of the TDRS are to:

- minimize increases in tobacco consumption particularly in groups most sensitive to lower prices, and
- increase tobacco control as a priority public health strategy in Canada.

As well, the TDRS is intended to help:

- increase Canadians' knowledge about the dangers of tobacco use
- increase public awareness of the hazards of environmental tobacco smoke, and
- make the use and marketing tobacco products less of a "norm" in this country.

Youth, women, and other priority groups (low income Canadians, ethnic and new immigrant populations, Aboriginal peoples, francophones, people with low literacy skills, itinerants, and those who are heavily addicted), are the specific target populations of the TDRS.

Health Canada is responsible for implementing the TDRS, in close cooperation with the provinces, territories, Canadian health organizations and other partners. Partnership-building and participation are key features of the TDRS.

The TDRS was allocated $155 million over three years (FY1994/5 - FY1996/97), but funds were reduced due to fiscal restraint measures.

In accordance with Treasury Board (TB) requirements, Health Canada is now evaluating the effectiveness of the TDRS. In November, 1996, the department issued a request for proposal to conduct a final evaluation of three of the eight "interventions" of the TDRS:

---

[1] Health Canada. Tobacco Demand Reduction Strategy: Year One Review and Update, p. 1. January 1995.

[2] Health Canada. TDRS Evaluation Framework. p. 1

- Public Awareness and Education Program (PEAP)
- Community Action Initiative Program (CAIP), and
- Access to Information.

The results of this evaluation will form part of an overall evaluation of the TDRS. Jamieson, Beals, Lalonde and Associates, Inc. was awarded the contract to carry out the evaluation, which is the subject of this report.

B. Objectives of this Study

The objective of this evaluation study was to produce a report that would examine the results of:

- projects funded via PEAP, the public education and awareness activities of the TDRS, including research and development and partnership activities designed to reach TDRS target populations

- projects funded via CAIP, the community-oriented contribution funding intervention of the TDRS, and

- Access to Information activities, primarily related to the centrepiece of this intervention, the National Clearinghouse on Tobacco and Health (NCTH).

The final report would thereby provide.

- relevant information on issues identified during the course of the evaluation study

- make recommendations for further action as required and,

- provide information that will contribute to the overall TDRS evaluation.

C. Evaluation Focus

The study is based on the Evaluation Questions stipulated in the formal Request for Proposal, which are somewhat modified from the evaluation questions outlined in the *Tobacco Demand Reduction Strategy Evaluation Framework*.[3]

The specific evaluation questions are included in Volume 2 - Evaluation Field Work Report.

D. Evaluation Scope

The scope of this evaluation is limited to the three interventions described above. It focuses on the qualitative outcomes of the Public Education and Awareness Programs and the Community Action Initiative Program, as demonstrated through a detailed review of selected projects. It should be noted that the CAIP project review complements a nation-wide evaluation activity related to CAIP[4] by providing a qualitative assessment of project outcomes. Finally, this evaluation examines the Access to Information intervention via a case study of the NCTH. This case study should not be construed as a full evaluation of the NCTH.

II. HOW THIS REPORT IS ORGANIZED

A. Volume 1 - Final Report

Volume 1 of this report presents our main findings and conclusions, based on our field work, which is described in Volume 2 - Evaluation Field Work Report.

Volume 1 is divided into two parts:

- Part I: Introduction, Intervention Overview & Methodology
- Part II: Presentation of Findings and Conclusions, which is further divided into three sections; Public Awareness and Education Programs, the Community Action Initiative Programs, and Access to Information.

---

[3] Health Canada, Evaluation Group, Strategic Planning and Review Directorate, Policy and Consultation Branch (May 1995).

[4] See The Merlin Group (August 1996) *Community Action Initiatives Program of the Tobacco Demand Reduction Strategy*, which provides summative evaluation information on the characteristics and outcomes of these projects.

B. Volume 2 - Evaluation Field Work Report

Volume 2 of this report provides the details of our evaluation methodology and field work. It includes:

- the Evaluation Questions - Matrix & Comments
- the Public Education and Awareness Program
    - Methodology
    - Project List
    - Data Collection Instrument
    - Summary of Lessons Learned
- Community Action Initiatives Program
    - Methodology
    - Project List
    - Data Collection Instrument
    - Summary of Lessons Learned
- NCTH Case Study
    - Methodology
    - Website feedback Instrument
    - Interview list.

III. OVERVIEW OF THE TDRS INTERVENTIONS BEING EVALUATED

The *Evaluation Framework* provides a description of all three interventions being evaluated in this study, as they were organized in May 1995. However, since that time, Health Canada has experienced a reorganization, which has affected the organizational structure of and resources for TDRS activities. It was not within the scope of this contract to update the full profile of the three TDRS interventions[5] being evaluated. The following description draws from the *Evaluation Framework* and the *TDRS Year One Update*, as well as other documentation (project lists, reports, etc.).

---

[5] The initial interventions and allocated resources were modified over the course of the TDRS (while remaining true to the intentions of the TDRS). A separate exercise, to track these modifications, would be required to develop a full profile of these interventions.

A. Public Education and Awareness Program

The largest TDRS intervention tool[6] is the Public Education and Awareness Program. It was intended to build knowledge about tobacco consumption and control issues, and to produce resources to help specific population groups become or remain tobacco free. It has sought to accomplish this by contracting out research and development activities aimed at specific target populations and designated priority groups. It has also provided support for indirect strategies for reaching members of the target groups e.g. via health influencing organizations and individuals such as sports coaches. PEAP placed a significant emphasis on cooperation with external partner organizations, and the involvement of health professionals, parents, teachers employers, and caregivers and/or the utilization of specific information networks.

The main features to the Public Education and Awareness component included research and/or resource product development in the following areas:

- *School-based/Youth*
- *Women and Tobacco*
- *Pre and Post-natal Tobacco*
- *Priority Groups*
- *Environmental Tobacco Smoke and Family Resources*

The scope of activities is described in more detail in Volume 2 - Evaluation Field Work Report.

B. Community Action Initiative Program (CAIP)

CAIP's goal was to support and strengthen the capacity of communities and non-profit community organizations across Canada to address tobacco-related issues and reduce the harm caused by tobacco use to individuals, families and communities. This was to be accomplished by providing access to time-limited contribution funding for projects of local, regional or national significance.

---

[6] Note: TDRS Year One Review and Update indicates that PEAP activities were initially allocated $92.5 million over three years. The TDRS Evaluation Framework does not provide a "PEAP" category, but it provides resource figures for specific activities which are cited as PEAP activities in the Year One Review document, and the total is consistent. However, Health Canada officials note that due to budget reductions, the total allocated to PEAP projects over the 3 years of the TDRS was $21 million. It is important to note that Community Action Initiatives are not incorporated within the PEAP category, as it is a separate intervention, and is treated as such in this report.

CAIP was designed to promote the following principles[7]:

- Prevention, Cessation and Protection activities designed to prevent and or reduce harm related to tobacco use
- Target Group participation in all aspects of the project (i.e. project planning, implementation, evaluation) to ensure relevancy and appropriateness
- Strengthened partnerships and capacity of national, provincial/territorial, local organizations and communities to address tobacco-related issues, and
- Community action for health promotion[8].

The program was intended to support prevention, cessation and protection activities for at-risk and hard to reach populations, such as Aboriginal peoples, children, youth and women. Eligible project types included:

- community action/organizational development projects (including support for coalitions and networks)
- community-based demonstration projects
- education and training activities (e.g. conferences, symposia, training workshops, special projects and knowledge development activities), and
- resource product development and dissemination, targeted to designated TDRS populations (e.g. pamphlets, presentations, videos, handouts, computer resources, curricula and other teaching aids).

With the exception of national-level projects, the majority of the CAIP projects were administered through Health Canada's regional offices, in consultation with provincial/territorial officials and NGOs.

---

[7] Health Canada (August, 1994) *Community Action Initiatives Program: Tobacco Demand Reduction Strategy*.

[8] "Community" was operationally defined as a "geographic region, a group of individuals sharing similar interests and concerns, or a group of people living in the same locality". We note that a national dimension was also added to the program to provide funding for organizations such as the National Smokers' Rights Association (NSRA) that undertakes national level work that is related to and assists community development, and the Pauktuutit Inuit Women's Association, a national level organization that undertook community awareness and education work in northern remote communities.

A national, summative evaluation of the characteristics and outcomes of CAIP projects is currently underway, as a separate exercise to this evaluation[9].

Many CAIP funded projects are now nearing completion. Full wrap-up is expected by March 31, 1997.

C. Access to Information

Under its "Access to Information" intervention, the TDRS intended to enhance the dissemination and exchange of tobacco-related information by providing funding for the National Clearinghouse on Tobacco and Health, which had been established by the Steering Committee of the National Strategy to Reduce Tobacco Use at the request of federal/provincial/territorial health ministers, in 1989. NCTH is supported by the provincial, territorial and federal governments and non-governmental health organizations. It is administered by the Canadian Council on Smoking and Health, a non-profit national organization.

NCTH's mission is to:

> *"provide timely and reliable information and networking services relevant to tobacco use prevention and reduction programs, projects, resources and public policy initiatives."*

The purpose of this mission is to contribute to the goal of achieving a tobacco-free Canada. Key activities include: maintaining an extensive collection of materials; providing customized responses to requests for information; and undertaking selected projects to help clients working to achieve a tobacco-free society.

In 1994, when the federal government launched the Tobacco Demand Reduction Strategy, NCTH received significant, additional funding support as the key mechanism of the "Access to Information" component of the Strategy. In 1994, Health Canada approved $4.3 million in funding over three years (1994-1997) for NCTH specifically to:

- "expand its current activities to meet increased demands for its services
- upgrade its information storage and retrieval systems mandate , and
- develop and deliver more comprehensive client services".

---

[9] See The Merlin Group (August 1996) *Community Action Initiatives Program of the Tobacco Demand Reduction Strategy*. An update to this report is anticipated, however it was not available during the time frame of this present study.

Subsequent funding cuts during the Strategy have since reduced the original allocation to NCTH. As a result, by the time TDRS sunsets in March 1997, the NCTH allocation will total $3.75 million.

IV. METHODOLOGY

A. Overview

The Evaluation Framework for TDRS was produced in May, 1995 and has not been formally amended since that date. The RFP for this evaluation study included amended Evaluation Questions for each of the three TDRS components being evaluated. These questions, reproduced in Volume 2, Evaluation Working Group, served as the basis for this study.

Our methodology included:

- a review of key documents pertaining to each component area
- a detailed file review and interviews with federal officials, project contractors and stakeholders of a modified, random sample of thirty (30) Public Education and Awareness Projects
- a detailed file review and interviews with federal officials, funding sponsors and stakeholders, of a stratified, random sample of 40 CAIP Projects, and
- a case study of the NCTH, which included a document review and interviews with federal officials and selected stakeholders.

A detailed description of the methodology for the PEAP and CAIP project reviews, as well as the case study, is included in Volume 2, Evaluation Field Work Report.

B. Limitations

This evaluation addresses only three of eight TDRS interventions: the Public Education and Awareness Program, the Community Action Initiatives Program, and Access to Information (via the NCTH). There is a potentially high degree of interplay between all the various interventions (including legislation and research) of the TDRS. This evaluation does not address the cumulative impact of that interplay.

The TDRS components operate in the larger context of myriad factors that influence public knowledge, attitudes, and behaviours regarding tobacco consumption. This includes public policy factors, such as the on-going debate regarding changing legislation and tobacco control measures, new research findings, the mass media, and the tobacco industry's lobbying and marketing efforts. In addition, many provincial and territorial governments and local governments have undertaken similar kinds of activities with similar objectives to the TDRS. This evaluation can only address the question of TDRS's effectiveness from the very concrete perspective of how certain kinds of TDRS-funded projects have *contributed* to the achievement of TDRS objectives.

PART II

PRESENTATION OF FINDINGS AND CONCLUSIONS

I. PUBLIC EDUCATION AND AWARENESS PROGRAM[10]

A. Description of the PEAP Sample

The evaluation is based on a detailed review of a modified, random sample of 30 PEAP projects, described in Volume 2, Evaluation Field Work Report.

Project Activity Types

Recognizing that there is some overlap in project activities the primary types of activities were as follows:

Table 1 - Project Activity Types

Project Activity Type	**Number**
Research	9
Resource Product	19
Networking	1
Strategic Planning	1
Total	30

Project included the following kinds of activities:

- *research*: needs assessments, literature reviews, surveys, Delphi panel, and focus groups
- *resource product development*: guides, kits, curricula, booklets, and one CD Rom product
- *networking*: a women-centre project to establish a network concerned with tobacco issues
- *strategic planning:* a workshop that focused on strategic planning related to Environmental Tobacco Smoke (ETS).

---

[10] To avoid duplication in the discussion, we have chosen to present our findings on a topic by topic basis, rather than on an evaluation question basis. The originating evaluation matrix questions are presented in Volume 2 of this report.

Populations Addressed

Many projects dealt with more than one target population of the TDRS. Overall, the populations addressed in the sample projects were as follows:

Table 2 - Populations Addressed

Populations Addressed	# of Projects
Pre-school children	2
Children 6-11	3
Youth	7
Young Adults	6
In-school	2
Out-of-school	1
Other Youth	1
Young Women	8
Pregnant women	8
Other Women	13
Aboriginal Peoples	6
Disabled	1
Other (e.g. health professionals, employers)	14

We note that none of the projects in the sample targeted specifically the unemployed, persons with low literacy, or ethnocultural groups.

All projects were funded on a contract-basis and all but 4 projects were fully completed at the time of the review[11]. They exhibited a wide range in funding amount, from $8,584 to $941,456, as demonstrated in the following table:

---

[11] Several projects included multiple contracts (e.g. Quit 4 Life, Child-to-Child Project); four projects are on track and very near to completion (anticipated target date, March 31, 1997).

Table 3 - Funding Levels

Category	Number #	Percent (%)
<10K	1	3
>10<50K	4	13
>50K<75K	8	27
>75K<100K	6	20
>100< 200K	5	17
>200K	6	20
TOTAL	30	100

Nine (9) projects included an evaluation component, of which seven evaluation reports were on file at the time of the review[12]. In addition, two resource products included "built-in" evaluation tools for program deliverers.

Relation to TDRS Objectives

All of the projects were consistent with the TDRS objectives, and included a mix of prevention (20), cessation(19) and protection (10) goals, as illustrated in the following table:

Table 4 - Goals Orientation

Goal	Frequency	Percent
Prevention only	7	23.3
Cessation only	8	26.7
Protection only	2	6.7
Prevention & cessation	6	20.0
Prevention & protection	2	6.7
Prevention, cessation & protection	5	16.7
Total	30	100

---

[12] This low number is not surprising since, in many cases, an evaluation would not have been appropriate (e.g. a research survey).

B. Research Projects

A Wide Spectrum of Research Topics

Our review of PEAP projects suggests that a wide spectrum of research projects on new or emerging topics, and priority populations were funded. A total of nine research projects were included in our sample. Many of the resource development projects (discussed under Sections C and D) also included an applied research component as part of the development process. Our sample included the following:

- *School/Youth (2):* The Tobacco Marketing and Youth: Examination of Attitudes and Behaviours to the Tobacco Industry Advertising and Sponsorship, a study that empirically established a relationship between tobacco marketing and youth sponsorship - the results of this study were presented to a Parliamentary Standing Committee on Health; a Qualitative Study of Sex Differences in Acquisition of Smoking Among Pre and Early Adolescents documented gender differences in smoking up-take, challenging and clarifying myths and misconceptions.

- *Women and Tobacco (4):* PEAP built on a 1989 series of studies on women, tobacco and the media through the project "Mixed Messages: Women, Tobacco and the Media", which examined the portrayal of women and tobacco in the media and the potential impacts on women's smoking behaviour; Women and Cessation: Identification of the Cessation Programming Needs for Women to Quit Smoking examined the health risks associated with smoking and provided information on cessation strategies; a Needs Assessment of Disadvantaged, High-priority English-speaking Women increased knowledge of the smoking attitudes and behaviours of this group, and was used to inform new resources (e.g. Bridging the Visions and Community Kit); a Needs Assessment and Study of the Smoking Behaviours of Francophone Women reviewed existing literature on the smoking behaviours of Francophone women and studied their needs for resources.

- *ETS (1)* PEAP funded a survey of parents and extended family members of children 12 years of age or younger (including discussion group to increase knowledge of parental knowledge, attitudes and practices regarding ETS, and to provide information to help policy and program development on ETS issues.

- *Physicians' Attitudes and Behaviours Towards Smoking Cessation: A Survey:* PEAP funded this survey to develop knowledge on the perceived influence that physicians have with patients regarding smoking cessation and ETS, and to example their practices in addressing these issues and to learn about their training requirements on these issues.

- *Economic Impact of ETS Policies/Legislation on the Hospitality Sector:* this study examined the economic impact of implementing smoking restrictions and programs primarily in the hospitality sector, and to obtain information to support businesses considering introducing smoke-free workplaces.

A wide variety of methodologies were used, including literature reviews, data base reviews, Delphi panel, and surveys. We found an especially extensive use of focus groups that appears to have yielded valuable, in-depth qualitative information on tobacco-related consumption and control issues.

How PEAP Research Has Been Used

In most cases, interviewees indicated that the PEAP-funded research has added significant value to the knowledge base informing legislation, policy development and resource products, however its impact is only beginning to be felt. Many interviewees felt that the impact will resonate for some time. It is difficult at this stage in the TDRS to further track or detail the impact of PEAP research, because of the recency of the research results. But there are indications that the research is being incorporated into practice. For example, the survey research on physicians and tobacco has been disseminated throughout the health care community, and is part of an on-going effort by the Canadian Medical Association to encourage and support physicians to become more active and more proficient in delivering appropriate cessation counselling to patients.

Many interviewees noted that the research has further utility in terms of guiding other research, policy development, and resource product development. Two concrete examples of immediate usage are provided below:

- the results of the study on youth and tobacco marketing were presented to a Parliamentary Standing Committee on Health
- research related to women, tobacco and the media had identified media literacy as an issue; this research was used to inform the development of the "Backtalk Media Literacy Kit".

There is a sense that at the beginning of the TDRS, there was a lack of information sharing amongst TDRS staff and PEAP contractors. Information exchange amongst PEAP contractors during the early phases of their work could have yielded more benefits (e.g. enhanced complementary and comprehensiveness of activity, as well as minimized any duplication).

C. Overview of Sample PEAP Resource Products

PEAP funding resulted in an array of resource products, such as booklets, guides, training curricula, and kits. A total of 19 resource products were included in our sample, reflecting good coverage of issues and target populations[13], including:

> *Resources Products for School/Children and Youth* (5): PEAP funded a wide array of resources targeted to children and youth, including: a Smoke-Free Kit for young children; the implementation and evaluation of a "Child-to-Child" approach to health promotion in Ottawa, northern Inuit, and Aboriginal sites; "Tobacco Tackle, a project aimed to encourage high school students to lead active and smoke-free lives; the development of a Tobacco Component to a Youth Peer Counselling Manual appropriate for the Aboriginal Community and Quit 4 Life, a youth tobacco cessation program. These resource products typically feature a strong participative focus, incorporating established, effective knowledge transfer strategies such as peer learning. As demonstrated through research, these features are markers of more successful interventions.
>
> *Women and Tobacco* (5): PEAP funded a substantial range of resources targeted to women, including: implementation and evaluation of a cessation program for low-income women, implementation of a cessation program for Aboriginal women in Manitoba, Ontario, and Quebec; a resource booklet addressing issues of smoking and disabled women; a discussion paper and primer on adolescent women, tobacco, and physical activity; and a guide on gender sensitive tobacco programs. On the whole, these resource products appear to be well-grounded in research concerning women's attitudes, knowledge, and behaviours related to tobacco, and used a women-centred approach.
>
> *Pre and Post-Natal Tobacco Projects (2):* The development, implementation an testing of a multi-faceted intervention to reduce the incidence of smoking and smoking relapse during pregnancy and post-partum of women and their partners, as well as a booklet series for pre-natal and post-partum providers, two examples of innovative, comprehensive strategies to address smoking issues concerning this high priority group.
>
> *Priority Populations: (2)* PEAP funded a number of projects targeted to high priority populations via health professionals or other health providers, notably: the development of a distance learning curriculum resource for health professionals, volunteers and laypersons involved in tobacco programs and a

---

[13] There were no projects dealing specifically with the unemployed, low literacy, or ethnocultural groups in the sample.

smoking cessation training module for perinatal care providers.RNESTFORM(pilot-testing of a guidebook on reducing tobacco consumption in the workplace.

ETS (2): PEAP funded a strategic planning workshop on ETS, to guide further work on ETS in public places. PEAP also funded the development of a health promotion insert on ETS, targeted to parents and caregivers of young children, that was distributed through Canadian Living/Coupe de Pouce.

Networking (1): While many of PEAP projects include networking elements, one project was specifically designed to build a network among women"s organizations and health organizations on tobacco related issues. This project appears to have generated mixed results in its first year; the network funding has not been sustained[14].

Have PEAP Resource Products Addressed Identified Needs?

There does not exist a formal, strategic planning document for the PEAP intervention[15], although it is evident that the general approach to project funding built on, and was consistent with the NSRTU goals and TDRS objectives concerning key issues and priority populations, and in some cases, involved consultation with stakeholders. Overall, we are therefore satisfied that the Resource Products sampled in this study did, in fact, address identified needs. In some cases, PEAP pursued further clarification of needs of certain populations (via literature reviews, focus groups, etc.) prior to the development of a particular resource product. Combined with the more "pure" research projects described above, we conclude that PEAP resource product development was well-grounded and followed recognized procedures for testing and refinement.

---

[14] This project was initially designed as a two-year project, however TDRS funding was cut after year one.

[15] Workplans for each FY of the TDRS exist, however, there does not appear to be a formal document that provides the rationale and funding criteria for PEAP projects. We note, however, that TDRS officials undertook consultation and planning workshops with key stakeholders to determine priorities for action on topics such as women and tobacco and ETS. An overall strategic plan would provide on-going guidance to program staff on the resolution of competing priorities, and a formal framework within which annual workplans could be prepared.

D. How PEAP Resource Products have been Implemented and Utilized

Most of the sampled PEAP projects have met their immediate implementation objectives; the remainder will do so by March 31, 1997. Overall, we found through our interviews as well as our own assessment, that Resource Products:

- are of high quality and standard
- demonstrate good use of innovative implementation strategies, and
- took advantage of suitable opportunities to address target population needs.

This is equally true for small-scale projects designed to target a particular population (e.g. Aboriginal youth) and for very large-scale projects directed to a broad audience (e.g. ETS media insert aimed at parents and caregivers). A number of projects included a post-implementation revision process, which also appears to have contributed to the high quality of final products.

Few of the projects included specific information dissemination plans or information dissemination reports on file[16]. A strategic dissemination plan for PEAP does not appear to exist. Health Canada TDRS officials were able to provide a "Partial Dissemination Plan", which provides information on how 23 PEAP Product Resources will, or have been published (e.g. newsletter articles, one-page resource descriptions). In addition, we found evidence that most completed resource products are, or will continue to be disseminated through a variety of strategies, including through:

- "sponsoring" organizations (e.g. the Canadian Public Health Association, Canadian Association for Health, Physical Education, Recreation and Dance, Canadian Association for the Advancement of Women and Sport and Physical Activity, Friendship Centres) have, or will make products available through their own distribution networks

- issue-specific newsletters, bulletins, conferences and workshops

- CD Rom technology (1 case)

- Health Canada dissemination mechanisms (e.g. in the near future, via the Internet, or through traditional mechanisms such as Health Canada"s Publications Division)

---

[16] Only 13 of all 30 projects referenced dissemination plans on file; only 2 specifically mentioned the NCTH in their dissemination plan, and only 6 information dissemination plan reports are on file. Health Canada TDRS officials have responded that PEAP contractors were not required to address product dissemination issues. Moreover, Health Canada TDRS officials report that Health Canada normally includes NCTH as a destination for final PEAP products when they are in a publishable format.

- the media (e.g. the ETS media insert in Canadian Living/Coup de Pouce).

E. PEAP Resource Product Impact

The primary outcome of PEAP funded projects was the creation of high quality resource products. We have concluded that it is too early to tell the impact of these products on public awareness and knowledge of tobacco consumption and control issues. This is understandable for the following reasons:

- *recency of completion:* the majority of the projects in our sample are only recently completed, and consequently it is too early to assess impact; in three cases, final reports (which may include information on impact) are not yet available
- *existence, appropriateness and timing of outcome evaluations*: we note that there were evaluation reports available on only seven project files, and that with one exception, the primary emphasis of those reports was process, not outcome. This is not surprising since some of these projects were tasked with developing and testing new program strategies. In these cases, we believe an emphasis on process was valid (i.e. a program must have a solid, consistent structure, if meaningful participant outcome data is to be expected)
- *methodological and resource constraints:* the majority of the PEAP projects sampled were designed to change knowledge and attitudes. Aside from concrete program interventions, it is difficult to measure this kind of diffuse change in a cost-efficient manner.

We are concerned, however that there do not appear to be in place any means for tracking dissemination, or soliciting user feedback on product resources. Such mechanisms would enable a more systematic assessment of product utility and outcome.

These concerns aside, in our file reviews and interviews, the following themes regarding PEAP outcomes emerged:

- *effective implementation and target group participation*: on the whole, PEAP "program" and "activity"-oriented projects attracted and sustained reasonable and consistent levels of participation; this suggests appropriate targeting to levels of need and motivation (e.g. "Tobacco Tackle" Quit 4 Life)
- *improved knowledge of what works:* projects such as the Multi-faceted Intervention Program to Reduce the Incidence of Smoking and Smoking Relapse during Pregnancy and Post-partum of both Women and their Partners, are

expected to provide improved knowledge on effective methods and strategies to reduce smoking and create smoke-free environments for children[17]; the Development and Testing of Tobacco Cessation Resources for Nurses has identified appropriate cessation strategies for this population

- *on-going demand for PEAP Products exists:* although there is no systematic distribution data available on PEAP product files, Health Canada officials indicated that certain PEAP products are in high demand (for example, requests for the Tobacco-Free Booklet Series for Pre-natal and Post-partum health care providers series have reached approximately 10,000)
- *positive contributions to changes in knowledge, attitudes, and behaviours*: the evaluation of CPHA"s Cessation Program for Low Income Women found that the program had helped to reduce tobacco consumption, improve self-esteem and coping skills amongst the participants; the evaluation of the Quit 4 Life Program found that 77% of teens who requested Quit 4 Life reported a net reduction in the number of cigarettes smoked per day; 41% of all teens reported complete cessation in the seven days preceding at least one of the follow-up interviews; and about 20% of teens reported significant reduction in their smoking behaviour[18]
- *partnership building*: there is evidence that PEAP projects solicited new partners (e.g. women"s organizations, employers) and strengthened traditional partnerships (Canadian Medical Association, Canadian Nurses Association, Health Units), contributed to holistic approaches to and partnerships on health issues (e.g. Child-to-Child), and engaged new players (e.g. sports coaches). The benefits of partnership support included more "buy-in" and comprehensive coverage, and strengthened capacity of key players to influence knowledge and attitudes towards tobacco and health, and, ultimately, tobacco consumption behaviour.

Many interviewees raised the concern that the potential impact of PEAP Resource Products will be lost if there aren"t sufficient funds available for continued implementation, publication, and dissemination beyond March 31, 1997. For example, several projects invested resources in training facilitators to develop and test a particular program; if further delivery funds cannot be identified, it is feared the initial investment in the program - and the facilitator training - will be lost.

---

[17] Although the final report on this project is not yet available, interviewees have noted that the project has contributed to understanding of the roles of various facets (decisional balance and self-efficacy) and their elements (partner support, risk appraisal) at each stage of the Trans-theoretical Model. The self-help guide has provided useful information on remaining smoke free (e.g. staying committed, making a plan, creating smoke-free environments, coping with cravings, coping with risk situations and coping with relapses.

[18] The year long evaluation involved baseline interviews with a random sample of 1,499 of the 97,609 teens who had requested the Quit 4 Life prior to the study; a post-test random sub-sample of 635 teens was conducted at 6 and 12 months.

F. Conclusion

Changing public attitudes and knowledge about tobacco consumption and control is, at its very essence, an iterative process of long-term, incremental change involving:

- making improvements to the knowledge base via research
- transforming the knowledge into suitable public education and awareness strategies and resources,
- disseminating/transferring the knowledge to appropriate target populations, and
- impacting knowledge and awareness.

The achievements and impacts of PEAP need to be looked at in the larger context of tobacco consumption and control factors, especially the strength and scope of tobacco industry marketing that occurred during the period of the TDRS. Of equal significance, PEAP achievements and impacts must be viewed within the context of reasonable expectations for a public awareness and education intervention in a short time frame (three years), which from a management view, needs to include project planning, implementation, dissemination of results, and (where appropriate) evaluation. Finally, and very importantly, with the exception of those projects with built-in evaluations (such as Quit 4 Life) it was not possible to obtain much "hard" data on the extent to which PEAP projects have actually impacted target group knowledge and awareness.

Progress Gained

We found that PEAP has made reasonable progress on, and knowledge contributions to a variety of tobacco consumption and control issues. Most notably, we found that PEAP:

- *yielded valid contributions to knowledge on emerging and under-researched issues,* such as ETS, gender differences in tobacco consumption knowledge, attitudes, behaviours, the influence of tobacco industry marketing on youth tobacco consumption behaviours, the influence of the media on women and tobacco, and the economic impacts of smoking policies and programs

- *demonstrated a commitment to structured, quality program development processes,* such as research-based program development, focus group/pilot testing, process evaluation and program revision, and

- *generated improved knowledge on methods and strategies to reach priority populations and to change their knowledge, attitudes and behaviours concerning tobacco,* such as improved knowledge on peer-learning strategies for youth, culturally and target-group appropriate resources for aboriginal peoples, empowerment strategies related to women and tobacco cessation.

Strategic Impact

We found that the projects in our sample consistently fit the overall TDRS objectives. However, as noted previously we did not find a formal strategic plan or specific funding criteria for PEAP. We do note that workshops and discussions with stakeholders were held in the areas of women and tobacco, ETS, francophones and tobacco, and school-based populations, to determine priorities for action. TDRS officials state that twice yearly, PEAP projects were presented to the NSRTU for comment.

It is difficult to accurately measure the strategic contribution which specific projects have made with respect to TDRS"s priority issues and/or populations. While we did not find any evidence of unjustified duplication or overlap, a formal strategic plan, linked to an information-sharing/monitoring mechanism at the outset of the TDRS could have been helpful in creating more synergy, and a sharper focus at the outset.

On-going Relevancy

Opinion data (from interviews) consistently support the kinds of approaches used in, and the continued relevance of PEAP style projects to improve public education and awareness of tobacco consumption and control. A constant concern amongst all interviewees is that the potential benefits of PEAP projects may not be realized after March 31, 1997, when TDRS funding ceases. Further research, on-going information-sharing, and continued program/activity delivery beyond this initial developmental stage is needed, because the issues that the TDRS has addressed are still highly relevant to Canadians, the needs of priority populations still exist, and other sources of funding have not been identified.

II. COMMUNITY ACTION INITIATIVE PROGRAM

A. Description of the CAIP Project Sample

Recognizing that there is some overlap in project activities the primary types of activities are described in the following table:

Table 1 - Project Activity Types

Project Activity	Number
National level projects	2
Community Action & Organizational Development	25
Resource Products	4
Demonstration Projects	1
Program Development and Delivery	4
Education & Awareness	2
Other	2
Total	40

The project types are briefly described below:

- *national level projects* included funding for the Non-Smokers" Rights Association work on Key Issues in Tobacco Control, and an Inuit Tobacco Use Community Awareness and Education Program.
- *community action and organizational development,* which comprised the vast majority of CAIP projects in the sample, involved community action and support, including activities to raise awareness, reduce smoking, or make communities smoke-free, and a particular focus on youth action in support of prevention and cessation. Many of these projects have produced, or will produce resource materials that could be used in other locations
- *resource products*: which specifically focussed on resource development including two projects utilizing new information technology (e.g. CD Roms, the Internet)
- *a demonstration project* pertaining to tobacco use among children and youth in ethnocultural communities

- *program development/and or delivery* projects, focused on cessation programming or cessation support
- *education and awareness projects,* focused specifically on education and awareness
- *other:* one project involved a research-oriented needs assessment of mothers who smoke; another involved the provision of evaluation support to CAIP projects.

The projects in the CAIP sample addressed the populations itemized in the table which follows.

Table 2 - Populations Addressed

Populations Addressed	**# of Projects**
Pre-school children	1
Children 6-11	6
Youth	21
Young Adults	4
In-school	11
Out-of-school	4
Other Youth	3
Young Women	11
Pregnant women	6
Other Women	7
First Nations On-reserve	4
First Nations Off-reserve	6
Metis	1
Inuit	2
Unemployed	2
Ethnocultural groups	4
Other	23

Project Funding

All of the projects funded under CAIP were contribution agreements, and ranged in funding amount, from $4,459.00 to $1,350,000.

Table 3 - Project Funding

Category	Number #	Percent (%)
<10K	3	7.5
>10<50K	15	37.5
>50K<75K	7	17.5
>75K<100K	5	12.5
>100< 200K	6	15
>200K	4	10
TOTAL	40	100

B. Results Achievement

Relation to TDRS Objectives

All projects in the CAIP sample were consistent with the overall objectives of the TDRS, and generally consistent with the initial CAIP funding criteria. In our sample, we note that two national level projects were funded which did not strictly fit the CAIP criteria, but in a strategic sense, encompassed community-action oriented actions. We note that CAIP funding criteria state that "pure" research is not eligible for CAIP funding. We found, however, that one funded project in our sample was designed primarily as a research-oriented needs assessment, and therefore did not strictly meet the CAIP funding criteria (however was consistent with the goals of the TDRS). Health Canada officials note that all CAIP projects were vetted through an internal and external review process.

The CAIP sample projects included a mix of goals - prevention (29), cessation (25) and protection (20).

State of Completion

It should be noted that only 15 of the 40 projects had a final report on file, owing primarily to the fact that many projects will not be completed until March 31, 1997. Not surprisingly, only 14 of the 40 projects had evaluation reports on file. Clearly, the absence of final and evaluation reports has an impact on the extent of our findings and conclusions, and we have relied more heavily on opinion data than we anticipated would be necessary.

Objectives Achievement

Interviewees suggested that generally, projects have met, or are meeting their short-term objectives. In some cases, it was felt that certain components of projects were more successful than others. For example, in some community-action projects, mobilization did not occur to the extent envisioned (it was felt that timeframes were often too short to fully mobilize community members). On the other hand, other projects exceeded their objectives for participation e.g. more facilitators than anticipated trained to deliver a program.

C. CAIP Effects on Community Development & Capacity-Building

Community Development

As noted previously, many of the CAIP projects are just ending and we had only limited information on their impacts, as there were only 15 final reports, and 14 evaluation reports on file. This limited information, combined with opinion data from our interviews, nonetheless yields a consistent pattern. CAIP projects enjoyed consistently high levels of support from and participation by community members from the inception of the project (e.g letters of support) through to participation in project activities. In terms of their impact on community development, at a minimum, it is believed that community-action oriented CAIP projects have raised levels of awareness concerning tobacco consumption and control in a variety of community settings - urban areas, rural areas, northern and remote areas, and amongst priority populations e.g. women, aboriginals, youth. In many cases, there were more active partners and participants than anticipated. But most interviewees agree that there was also much more occurring, such as:

- *increased levels of community development skills:* many community action initiatives trained community members in skills germane to community development, such as facilitation.

- *spin-off effects on other aspects of individuals" lives:* many of the community action and programming activities are believed to have had an impact on self-esteem (e.g. for low income women) and self-worth (e.g. for street kids); some activities directed towards students had an unanticipated positive effect on their parents as well.

- *improvements to community living:* several projects resulted in the development of policy-level initiatives e.g. municipal tobacco control by-laws.

At this stage, it is difficult to measure the "success" or "effectiveness" of CAIP projects in terms of their long-term impact on community development. One of the reasons is that there are few evaluation reports available, and thus we have little concrete information on outcomes. We note that in many of our interviews, interviewees referred to the concept of community development primarily in terms of immediate project gains e.g. partnerships created, networking undertaken. It is unclear what long-term impact on community development will be achieved. We note that TDRS officials note that the national-level CAIP evaluation will also be contributing to this assessment.

An additional concern relates to the limited timeframe for CAIP projects and how this should scale expectations related to achievements in community-development. Many interviewees commented that community development takes time, and that for an issue such as tobacco, which may be seen as a remote priority amongst some populations (e.g. youth, Aboriginal communities), a significant amount of effort must be invested in education and awareness - before mobilization will occur. Given the short timeframe for CAIP projects, this has been seen as a limiting factor in terms of community-development achievements.

In conclusion, while CAIP projects are credited with creating momentum, and helping to mobilize community-members in the short-term, there is little evidence to suggest what the impact in the long-term will be.

Capacity-Building

Capacity-building in very basic terms refers to the contribution that CAIP funded projects have made to a community"s ability to respond - beyond the TDRS - to tobacco consumption and control issues. Our interviewees are of the opinion that CAIP projects have contributed, or will contribute to capacity-building primarily by:

- improving the knowledge and skill-base of community members, via participation in community development/mobilization processes related to the project, and by investing especially heavily in youth and women"s empowerment processes;

- expanding partnerships and networks amongst community members and diverse organizations - schools, youth serving organizations, health units, etc.; and

- making available resource products and tools that can be used in other projects and contexts.

The concept of partnership in the context of CAIP, and an appreciation (from a planning perspective) of what will be involved in building partnerships that could contribute to "capacity-building" is an area of concern. It is clear that the process of partnership-building is an intricate one, involving tasks such as:

- finding and cultivating the most appropriate local partners and project "champions"
- negotiating partnership roles and responsibilities (e.g for project endorsement or support, resources, advice, active participation, etc., and
- ongoing communication and problem-solving during the course of the project.

One of the issues which has emerged, however, is whether sufficient thought has been accorded to allocating project resources (e.g. skills, expertise, time) in a way that would enable projects to pursue, invest in, and build-up partnerships, particularly once their projects are in full-swing. It seems that it is sometimes difficult for project staff to accord priority to longer-term partnership issues (e.g. beyond the project timeframe) because they are consumed with the here and now of project implementation.

Sustainability

In most cases, there is on-going interest and good intentions to pursue further activity, yet we did not find much evidence of any concrete plans to explore the relevancy, appropriateness, or possible form of on-going sustainabilty of CAIP activities or networks. We further note that the importance and relevancy of sustainability may vary by project type, e.g. a program requires a different type of resource infrastructure than does a network; many CAIP projects were also "one-time" activities with a very diffuse expectation for further action. Sustainability should therefore not be construed as a standard requirement of CAIP projects.

Key Learnings and Transferability of CAIP Results

Much has been, and will be learned from CAIP projects, however it would appear that the mechanisms for sharing key learnings are not, at least from a project sponsor perspective, clear at this point. Many interviews with project sponsors were characterized by a sense of uncertainty about what will happen with project resource products once the TDRS ends. We further note that most project fundees were uncertain of the possible role of NCTH in relation to CAIP projects information dissemination.

Evaluation Expectations

We note that few evaluation results are available at this point in time, and that the major focus of evaluations that were done or are planned are process, not outcome oriented. We recognize that in some cases, it is a question of balance and resources: outcome evaluations can be resource intensive and may not be cost-effective on small-scale projects. Considering that 45% of CAIP projects in our sample were under $50K, and 75% were under 100K, it is important that realistic expectations for evaluation be established. Another difficulty with evaluation in the CAIP is that the short timeframe of the TDRS does not necessarily coincide with realistic program development, implementation, and evaluation timelines. Another difficulty is that evaluation support is sometimes lacking.

We note that one strategy to address the latter issue was implemented in a western region, where a CAIP "project" was designed to provide evaluation support for project sponsors. Although the results are not yet available, it seems that customized support of this nature is helpful.

D. Conclusion

Overall the CAIP projects sampled were consistent with the objectives and direction of the TDRS and with stipulated CAIP funding criteria. All projects appear to have met, or are well on their way to meeting, their stated objectives.

Although results-oriented information is limited at this stage, on a preliminary basis it would appear that CAIP has registered a positive impact at the community level. The longevity of this impact is, however, open testion in the absence of concrete plans to address sustainability and uncertainty concerning the dissemination of CAIP results.

III. ACCESS TO INFORMATION

A. Introduction

The Tobacco Demand Reduction Strategy provided funding for the National Clearinghouse on Tobacco and Health (NCTH) to serve as the key mechanism to address the "Access to Information" component of TDRS, i.e. to "further facilitate dissemination and exchange of information on all aspects of tobacco."[19] This case study reports specifically on the evaluation questions provided in the evaluation matrix contained in Volume 2, Evaluation Field Work Report.

B. How have the services and products offered by the Clearinghouse evolved since 1994?

Prior to TDRS, NCTH"s core products and services included:

- maintaining its extensive collection of materials
- providing customized responses to requests for information
- undertaking selected projects to facilitate and strengthen the capacity of clients who are working towards a tobacco-free society, and
- producing specialized information products which include fact sheets, charts, contact directories, program and resource inventories, and a newsletter.[20]

Due to limited resources, however, NCTH focused primarily on providing direct client services rather than further developing its infrastructure. With TDRS funding, NCTH intended to remedy this situation. It planned to focus on infrastructure development in the areas of acquisitions, information storage and retrieval systems, database development, and linkages with research centres and other key groups. It also planned to increase its development and distribution of summary information products, consultations, and participation in workshops and special events.

Specifically, TDRS funding was approved to permit the NCTH to:

- expand its current activities to meet increased demands for its services (including increased demands resulting from the implementation of TDRS)

---

[19] Health Canada, Evaluation Group, Strategic Planning and Review Directorate, Policy and Consultation Branch (May 1995) *Tobacco Demand Reduction Strategy Evaluation Framework*.

[20] The application for funding dated April 1994 describes these as the core products and services being provided by NCTH at that time.

- upgrade its information storage and retrieval systems mandate, and
- develop and deliver more comprehensive client services.

It appears that NCTH has, in fact, enhanced and expanded its original inventory of core products and services under TDRS, added new products and services, and expanded the promotion of products and services in the following areas:

- *Acquisitions*: According to 3 NCTH interviewees and one web-site feedback, the TDRS funding has permitted NCTH to increase the quantity and quality of its collection. In 1996, the collection included 20,000 documents. Some of the more recent additions included the tobacco industry submission to the Federal Drug Administration (FDA), the proposed regulations and analysis by the FDA, and internal industry documents. According to one interviewee, the acquisitions have made NCTH"s collection "the best in the world".

- *Customized Responses to Requests for Information*: Under TDRS, NCTH continued to provide customized responses to requests for information. According to its Progress Reports, it responded to an increasing number of requests for information in 1994-95, although these numbers then declined somewhat in 1995-96 (see Table 1 below).

  NCTH also reports that it has streamlined its response process by developing key information kits on frequently requested topics.

- *Selected Projects to Facilitate Clients" Work in Tobacco Reduction & Control*: Under TDRS, NCTH continued its role in supporting clients in the tobacco control community. Examples include: providing assistance to projects funded under TDRS[21]; assisting Health Canada by preparing literature reviews and bibliographies in preparation for the new legislation, and assisting Health Canada by presenting evidence at Bill C-71 hearings to help Health Canada prepare for any future court challenges to the legislation.

- *Producing Specialized Information Products*: Under TDRS, NCTH has added a new monthly newsletter called *The Nicotine Times* (a separate publication to CCSH"s *Update)*. After only eight months its circulation had increased from 350 to 1400. In addition, NCTH produced a number of new publications, including fact sheets and booklets.[22] According to 7 interviewees, the quality and readability NCTH products in general, and of the fact sheets in particular, has also been greatly improved. In particular, *The Health Effects of Tobacco Use* booklet received very positive praise. NCTH also expanded and improved its Tobacco and Health Network Directory to meet the needs of Francophones.

---

[21] For example, many of the PEAP project contractors and CAIP project fundees indicated that they had accessed NCTH resources in either preparing their proposals or developing their project or product.

Examples of new infrastructure since TDRS include:

- *Electronic Access*. The most notable change in NCTH infrastructure/services is the launching and ongoing enhancement of the NCTH"s homepage on the World Wide Web. Among other features, it includes"What"s New", a bimonthly current awareness service for web users, and a "Guest Book" for feedback from Web users. Among those interviewed, there is a consensus that the homepage is the most meaningful NCTH achievement.[23]
- *Database Development*. The NCTH has also expanded its inventory of "internal" databases (i.e. databases which serve as reference tools for staff responding to clients" needs), to include:
  - a sponsorship database monitoring the appearance of tobacco sponsorship ads and events;
  - a database of legislative documents; and
  - a programs database which is used to refer clients to current tobacco use, prevention and control programs, projects, conferences, and selected research activities.
- *Upgrades to Technical Infrastructure*. Under TDRS, NCTH developed its own Web server, as well as an internal computer network.

---

[22] Several new fact sheets were produced, including the following examples: Fact Sheet Series: Tobacco Products Control Act; Effective Interventions for Youth: Price and Affordability; ETS in Home Environments; Effective Interventions for Youth: Restricting Youth Access. Several other new publications were produced including: Health Effects of Tobacco Use Booklet; Federal and Provincial Tobacco Legislation in Canada: An Overview; and Regulatory Options for Tobacco Control in Canada. Other new information products include: Statistics from the Youth Smoking Survey; and Prevalence, Consumption and Sales statistics.

[23] The homepage has been used extensively, has met with tremendous amounts of praise, has won kudos as "site of the week" from another tobacco control web site, and has won a "Best Webs Bestsite" award from Best-Sellers (a library automation company) for its "Web Document Database".

Examples of expanded promotion of NCTH"s products and services since TDRS include:

- *Use of a Variety of Promotional Vehicles*. NCTH has promoted its new and expanded inventory of products and services via:
    - the NCTH homepage
    - participation in conferences and presentations nationally and internationally, and
    - publication of promotional articles in publications such as *Health Promotion*.
- *Building Partnerships*. NCTH entered into a reciprocal partnership with the Ontario Tobacco Research Unit, which effectively expands its promotional network.

Conclusions

TDRS funding has allowed NCTH to make some positive enhancements and additions to its existing repertoire of products and services. The most significant change, however, has been the implementation of the NCTH homepage.

C. To what extent have people in the tobacco control community, the corporate sector, schools and the provincial/territorial governments used the services and products of the National Clearinghouse on Tobacco and Health? Have the services of the Clearinghouse reached a broader audience than just the tobacco community?

Until recently, NCTH"s primary clientèle included health educators, program planners, resource developers, health advocates, health professionals, and policy makers working in the tobacco and health field.[24] Other groups such as "[the] general public, students, scientific researchers" were considered outside NCTH"s mandate. NCTH assessed requests for assistance from these individuals "on a case by case basis and within the constraints of available resources and alternative sources of help, and so as not to jeopardize meeting the needs of primary clients."[25] As for the information needs of the general public, "other professionals, governments and agencies already active in the field and having access to Clearinghouse resources"[26] fulfilled this role.

---

[24] NCTH Application for Funding. April 1994, p. 1.

[25] NCTH. Application for Funding. April 1994, p. 3.

[26] Operations Policy Statement, August 1994.

In 1996, however, NCTH expanded its mandate to include providing direct service to the general public in order to meet Health Canada"s criteria for clearinghouses in Canada.

Overall, according to its Progress Reports, NCTH continued to deal with information requests from the same set of clientèle pre- and post-TDRS funding.[27] The requests break down into the following client groups (Note: request data includes repeat requests from some clients) :

Table 1: Analysis of Request Data by Client Profile[28]

Client Profile	Total Requests 1993-94	Total Requests 1994-95	Total Requests, 1995-96
Academic Institutions/Teachers	31	146	83
Community Based Clients	222	242	127*
Federal/Provincial/Municipal Government Departments	268	350	269
Health Professionals	65	85	105
Health Units	456	403	339
Media	61	62	54
National/Provincial/Local Non-Governmental Organizations	382	625	531
U.S. Overseas Clients	50	50	123
Workplaces	49	173	135
TOTAL REQUESTS	1,584	2,136	1,766

---

[27] Neither NCTH's client satisfaction surveys nor NCTH's client profile data correspond with the client categories included in the evaluation question. The surveys do not identify clients by category. In the client profile data there are categories (see Appendix A), but the "tobacco control community" is not included as an NCTH client category, nor is "corporate sector" (although "Workplaces" are a category). The category that appears to include "schools" is "Academics/Teachers". "Provincial governments" appear to be included alongside federal and municipal governments in the "Federal/Provincial/Municipal Government Departments" category. No mention is made of territorial governments. Consequently, it is difficult to accurately assess the extent to which these specific client groups have used the services and products of the NCTH during TDRS. Furthermore, no breakdown of services or products by client type is available.

[28] Our analysis is based on the total requests for each client profile category as provided in the NCTH Progress Reports dated Sept. 30, 1993, 1994, 1995 and 1996. Please note: the total number of requests reported by "client profile" is lower than the overall reported total requests in the 1995 and 1996 Progress Reports. Our calculations are based on the total number of requests as reported by client group in each report.

* According to the September 1996 Progress Report, the category "community based clients" also includes members of the public.

Based on our analysis of request data by client group and feedback from 5 interviewees from the NCTH and Health Canada, the tobacco control community continues to be the primary client group served by NCTH. Non-profit organizations remain the major client group in this area, followed by health units and government departments at all levels. According to a client satisfaction survey conducted in 1996, requests for assistance were most commonly from clients involved in Program or Resource Development (89% of respondents). This is a shift from 1994 when the most requests for assistance were related to Research. According to NCTH Progress Reports, NCTH-produced publications have consistently been the most frequently requested items.

According to 2 NCTH interviewees, the NCTH has recently begun to serve a new, albeit relatively small, corporate group, namely a small number of Canadian and American legal firms involved in tobacco litigation who have paid fees for NCTH services. One interviewee noted that the corporate sector is the only "new" client group for NCTH.

Only a relatively small number of academic institutions and teachers appear to make requests. According to 2 NCTH interviewees, however, it appears that school clients (i.e. students and teachers) have not been considered part of the NCTH mandate, until recently, because they were considered members of the general public.

Reaching a broader audience beyond the tobacco community

Almost all interviewees from the NCTH and the CCSH seemed to interpret "broader audience" to mean providing service to the public. Interviewees also suggested that since Health Canada emphasized serving the general public in 1996, the NCTH has provided more "direct service" to members of the general public (i.e. not just referrals). It is interesting to note that the September 1996 Progress Report includes the "public" in the "Community Based Clients" category. Notably, however, the number of clients served in 1996 was the lowest annual total to date for this category (127, compared to 242 in 1995 and 222 in 1996).[29]

NCTH considers the launch of the NCTH homepage on the Web to be a key means of increasing public access to NCTH products and services (other strategies proposed include allowing callers to request a list of NCTH publications list by fax and including a one-page description of CCSH/NCTH in every information package). Specifically, the homepage allows users electronic access to a documents database which permits on-line key word searches for information, as well as access to a "rolodex" database that links users with experts in tobacco control and health.

---

[29] NCTH personnel indicated that there are some limitations to NCTH's request data.

It is clear that the NCTH homepage has increased the reach of the NCTH in terms of total numbers of accesses: there were 13,537 user sessions recorded between September 1996 and 1997. This is an average of 113 user sessions per day for this period, and represents an increasing daily average number of sessions since the implementation of the homepage.

It is not possible, however, to identify the composition of homepage users by client type[30]. Only those users who fill out the "guest book" form provide information about themselves and their affiliations. Of the 90 users who contributed to the guest book between October 1995 and February 1997, 67 were active in tobacco control initiatives and 23 were not active in tobacco control. There is no indication of which users are members of the "public" vs. other client groups. Thus, the extent to which the addition of the homepage to the Clearinghouse`s products and services actually broadened the scope of the Clearinghouse`s client profile remains undetermined.

Increasing Numbers of Clients

To some extent, the increasing number of requests that have been made over the years is an illustration of NCTH"s extended "reach"[31]. NCTH"s statistics include a "running total" of requests served from 1989 forward. A comparison of the "total requests" reported in September 1994 and September 1996 indicates that, on average, NCTH responded to a higher number of requests each year between 1994 and 1996 than in the preceding five year period (not including web site users).

Conclusion

The tobacco control community continues to be the NCTH"s primary client group, and the number of requests from this client group has increased. There has also been a small increase in the extent to which the corporate sector is served by NCTH. Service provided to schools also appears to have increased to some extent, as has service to government departments at the federal, provincial and municipal level.

It is difficult to determine the extent to which NCTH has reached a broader audience than the tobacco control community. There is some evidence that this has been interpreted as providing service to the public, a relatively new emphasis for NCTH. As well, there appears to be some confusion as to how the "public" is defined (i.e. are schools now considered members of the public and reported as such?).

---

[30] The counter of Web site accesses does not discriminate between first-time visitors and repeat visitors. Consequently, while the number of visits is accurate, the number of clients/users is undetermined.

[31] Note that "requests" does not equal "clients". Many clients make more than one request in any given year. Thus, we cannot state with any certainty that the increase in requests reflects a proportional increase in the number of clients served, rather than more intensive use of the Clearinghouse by existing clients.

In general, it appears that the NCTH increased its reach in terms of total annual average numbers of requests under TDRS, particularly given the numbers of web site users.

D. To what extent is the Clearinghouse used by Health Canada and others to disseminate the research studies funded through the TDRS?

Expectations for NCTH Dissemination of TDRS-funded materials

Generally speaking, NCTH has always made a practice of including relevant Health Canada resources in its collection. Staff then refer to these resources as necessary in responding to client requests for information. NCTH also promotes selected Health Canada resources in its newsletter or via its homepage, and NCTH personnel alert one another about "hot" items which become available from Health Canada (and elsewhere).

According to both HC and NCTH personnel, the warehousing and distribution of TDRS resources/publications is not within NCTH"s mandate.

There was, however, a formal written agreement between the CAIP program and NCTH in which Health Canada regional program consultants were to forward two copies of all CAIP-funded resources/products in both official languages to NCTH. According to the agreement, the NCTH was to:

- assist those who fit into the Clearinghouse"s mandated client base with their information needs, both in developing their project proposals and in delivering those projects which are funded
- receive from the Health Promotion and Social Development Offices (HPSDOs) all resources developed through CAIP-funded projects, including videos, pamphlets, posters, final reports, evaluation reports, etc.
- maintain all resources for a six-month period from date of receipt,and
- maintain some of the above resources over the long term, on a discretionary basis, if they are deemed to be a worthwhile addition to the permanent Clearinghouse collection.

According to both Health Canada and NCTH interviewees, only a limited number of CAIP products have been forwarded to NCTH to date, primarily because the vast majority of CAIP projects will not be completed until March 1997. Health Canada personnel report that the majority of final products from PEAP projects funded under the Women and Tobacco and Pre- and Post-Natal Initiatives have routinely been forwarded to NCTH. Our project file review identified only two projects in our sample which included a distribution plan that mentioned NCTH.

Conclusion

NCTH does not disseminate TDRS funded products in the sense of distributing copies to clients on request.

Based on the interviews, it appears that only a few CAIP and some PEAP products have been sent to NCTH to date. There are no data to indicate exact numbers of TDRS-funded products that have either been provided to or are currently available from NCTH.

According to Health Canada, the agreement with CAIP includes a provision that CAIP products will be flagged as "TDRS/CAIP" within NCTH"s cataloguing system, but NCTH personnel may not be sufficiently aware of the requirement since they were unable to determine which products from cur CAIP project sample had been received to date.[32]

NCTH does not maintain data on which Health Canada TDRS products it has promoted or by what means.

E What is the future viability of the Clearinghouse once the TDRS sunsets?

Current funding situation

Under TDRS, the federal government not only significantly increased its funding support for NCTH to a total allocation of $3.75 million, it also became the primary funder for NCTH operations and administration, providing more than 90% of NCTH"s budget.[33] According to figures provided by CCSH for 1995-96, the other funding partners include the provinces and one territory, and one national NGO. It appears that Health Canada then continued its funding support to NCTH for FY 1996-97, although at a reduced level. Federal funding for NCTH ends when TDRS sunsets on March 31, 1997.

---

[32] This may also be explained by a low number of CAIP products having been submitted to date, and by a backlog in cataloguing at NCTH.

[33] Based on figures provided by CCSH for NCTH funders FY July 1, 1995 - June 30, 1996. See Appendix A.

Current Planning Process

On July 4, 1996, the President of CCSH distributed a document entitled *The Centre for Tobacco Control: A Strategic Business Plan (proposed) April 1, 1997 to March 31, 1999* to all CCSH members and stakeholders. The cover letter indicates that "In these days of shrinking federal dollars to support tobacco control, we are in a position where we must plan either to be sustainable in the future or wind down the organization." The Plan provides "a model based on fee-for-service and a diversified membership and funding base."

Notably, however, the financial projections in this Plan include significant revenues from the federal government ($385,000 out of total projected revenues of $770,000), The Plan indicates that "although there are no guarantees for federal funding, we are projecting it at 50% of total revenue, a decline from the current 80+%, and will decline gradually throughout the next three years." It appears that CCSH intended to continue "negotiating transition funding from the federal government until 1999."

This plan was approved at the CCSH AGM on November 3, 1996. Since that time, the Plan has been submitted to Health Canada. Within CCSH, a transition process is underway wherein the Plan is being refined and operationalized.

The current Business Plan is based on the creation of a new entity to be called the Canadian Centre for Tobacco Control. This organization would encompass the current CCSH and NCTH infrastructures as one organizational entity. The Plan outlines a mission statement for the CCTC and indicates proposed funding sources.

Overall, the proposed budget for the CCTC is much smaller. However the Plan does continue to assume that Health Canada will provide significant, albeit reduced, levels of funding beyond March 31, 1997 ($385,000). As of December 1996, however, it appears that Health Canada had expressed several concerns about the proposed Plan including the fact that it "continues to rely heavily on federal government funding until 1999."

According to the Plan, current provincial/territorial funding partners are also expected to continue to contribute ($190,000 in total). According to CCSH personnel, two provinces have made a commitment to continue their funding support for the proposed CCTC.

Other proposed new sources of funding include membership fees ($90,000), a small amount of corporate sponsorship ($80,000) and limited revenues from fees-for-services ($25,000).[34]

Utility of NCTH Services and Products

It appears that NCTH"s clients have been highly satisfied with its services and products. The data from two surveys have clearly indicated high levels of client satisfaction. At the same time, some interviewees have major concerns about the viability of the NCTH. In fact, the majority of those interviewed for this evaluation study expressed some doubt about NCTH"s level of achievement under TDRS, as well as the future viability of NCTH. Often their concerns were linked to perceived ongoing management problems affecting NCTH. They also expressed scepticism about the possibility of continued federal funding; doubts concerning the availability and feasibility of other funding sources; concerns about the negative impact TDRS funding has had on the NCTH to date (in terms of contributing to management problems); and the implications of perpetuating the current situation in future.

Conclusion

It is clear that there is an ongoing need for Access to Information in the area of tobacco reduction and control in Canada. To date, the federal funding of NCTH represents an important investment in this area, but there are a variety of issues about the role of NCTH as a ongoing vehicle to facilitate information dissemination on tobacco. At the request of Health Canada, a business plan has been developed.

Finally, the viability issue is contextualized by a changing environment at the national level. Significant factors include the sunsetting of TDRS, the recent announcement of further federal funding for tobacco control education and enforcement initiatives, and the ongoing development of the Health Information Highway.

---

[34] According to CCSH management, these figures have changed somewhat recently. The project revenues from memberships have been reduced to $80,000; the combined federal/provincial revenues have declined from $575,000 to $551,000. The corporate sponsorship figure ($80,000) remains the same, while the projected revenues from fees for services have risen to $190,000.

References

CCSH. The National Clearinghouse on Tobacco and Health: Preliminary Business Plan, April 3, 1996.

CCSH. The Canadian Council for Tobacco Control: A Strategic Plan, April 1997 to March 1999 - a model for the future. Oct. 16, 1996 (approved, November 3, 1996 at the AGM)

CCSH. Letters and memoranda.

Health Canada. Role of the National Clearinghouse on Tobacco and Health Re: Community Action Initiatives Program (CAIP) Resources. n.d.

Health Canada. Letters and memoranda.

Jamieson, Beals, Lalonde & Associates, Inc. National Clearinghouse on Tobacco and Health. Client Satisfaction Survey. May 8, 1996.

Jamieson, Beals, Lalonde & Associates, Inc. National Clearinghouse on Tobacco and Health: Evaluation of Client Services. January 23, 1995.

NCTH. Application for Funding of the National Clearinghouse on Tobacco and Health. April 1994.

NCTH. Progress Report: March 31, 1993

NCTH. Progress Report: September 30, 1993

NCTH. Progress Report: September 30, 1994

NCTH. Progress Report: March 31, 1995

NCTH. Progress Report: September 30, 1995

NCTH. Progress Report: September 30, 1996

NCTH. Strategic Plan. National Clearinghouse on Tobacco and Health, n.d.

NCTH. Operations Policy Statement. Information Dissemination Policy. August 1994.

NCTH. Proposed Policy re: Public Access to the Collection. n.d.

NCTH. Letters and memoranda.

APPENDIX A

Canadian Council on Smoking and Health

NCTH funders for the fiscal year July 1, 1995 - June 30, 1996

Organization	Amount
NWT Health	660.00
Nova Scotia Health	4,300.00
Alberta Health	12,600.00
New Brunswick Health	2,500.00
Newfoundland Health	3,960.00
PEI Health	660.00
Saskatchewan Health	6,600.00
Manitoba Health	4,000.00
BC Ministry of Health	17,000.00
Physicians for a Smoke-Free Canada	660.00
Ontario Health Promotion	73,965.00
Regie Assurance Maladie du Québec	25,000.00
Subtotal	**151,805.00**
Health Canada	1,425,012.00
Total	**1,576,817.00**

EVALUATION OF THE TOBACCO DEMAND REDUCTION STRATEGY

Volume II

EVALUATION FIELD WORK REPORT

Jamieson, Beals, Lalonde & Associates, Inc.

A. Evaluation Questions Matrix

B. Public Education and Awareness Program
  1. Methodology
  2. Project List
  3. Data Collection Instrument
  4. Summary of Lessons Learned

C. Community Action Initiatives Program
  1. Methodology
  2. Project List
  3. Data Collection Instrument
  4. Summary of Lessons Learned

D. Access to Information - National Clearinghouse on Tobacco and Health Case Study
  1. Methodology
  2. Interview List & Questions
  3. Web-site invitation for NCTH feedback

A. EVALUATION QUESTIONS - MATRIX

The following matrices indicate:

- the evaluation questions and answers for each intervention - Public Education and Awareness, Community Action Initiatives Program, and Access to Information.

More detailed information on each evaluation question is included in the body of the report.

PUBLIC EDUCATION AND AWARENESS PROGRAM - EVALUATION QUESTIONS AND ANSWERS MATRIX

Evaluation Question	Comments
a. What research has been conducted to increase knowledge of such issues as: ▪ factors influencing smoking uptake and cessation among adolescent girls and boys ▪ smoking behaviours of priority populations ▪ workplace non-smoking policies ▪ smoking behaviours of pregnant and postnatal women ▪ impact of smoking on health ▪ influence of the media on smoking behaviours, effective prevention and cessation strategies?	A wide spectrum of research methodologies were used to address the issues; majority of priority groups were covered in the sample.
b. Is there evidence that the research results were used for designing programs, resources and message promotions?	Yes, there is some evidence that PEAP produced research that informed programs and resources. There are on-going plans within Health Canada to disseminate research results (e.g. articles). There appears to be a problem of transforming research results into programs, resources, and message promotions within the current time-frame of the TDRS. An on-going investment in development and dissemination would allow further benefits to accrue.

PUBLIC EDUCATION AND AWARENESS PROGRAM - EVALUATION QUESTIONS AND ANSWERS MATRIX

Evaluation Question	Comments
c. What resource materials and/or programs and/or training resources have been developed for what priority populations?	The sample did not include projects designed specifically for ethnic and new immigrant populations, people with low literacy skills (although it is believed that literacy issues were addressed in certain resource products), itinerants, and those who are heavily addicted.
d. How have they discouraged youth from taking up smoking and helped those who want to stop?	Programs such as Quit 4 Life were directed specifically at this topic. The Quit 4 Life evaluation suggests a positive impact on short-term cessation behaviour. There is anecdotal evidence that PEAP has helped to discourage youth tobacco consumption; however, the impact should be balanced against tobacco industry marketing efforts and the effect of tobacco tax decreases on youth tobacco consumption behaviour.
e. How have programs/resources been implemented and used in the workplace, schools, community health programs, recreational programs? What has been the impact to date?	All of the projects seemed to meet their implementation objectives, but only anecdotal information on impacts is available. Changes to knowledge and attitudes do not necessarily result in behavioural changes. It is important to consider that PEAP encompassed research, program development, implementation, and evaluation within a short (3 year) timeframe. In some respects, it is too early to measure impact.
f. How have activities enlisted the support of parents, teachers, health professionals, coaches, employers, peers and community leaders in efforts to promote smoke-free environment and help Canadians to become and remain tobacco-free?	Various kinds of support were evidenced in the sample - from advisory support to active participation. The benefits of support included further buy-in and collaboration among different kinds of organizations (e.g. women's groups, public health & tobacco control community).

PUBLIC EDUCATION AND AWARENESS PROGRAM - EVALUATION QUESTIONS AND ANSWERS MATRIX	
Evaluation Question	**Comments**
g. How have activities facilitated the access to, and use of, information on tobacco?	Few projects have specific dissemination plans as this was not a formal requirement of PEAP contracts. A strategic dissemination plan does not presently exist. We note that Health Canada has undertaken some dissemination to key players, and plans to disseminate information (e.g. articles about the projects in newsletters, some Internet dissemination) are underway. The NCTH is one of many destinations for PEAP product resources (see also the case study).
h. Were the programs/resources developed on the basis of identified needs and have these needs been addressed?	PEAP did not have its own specific strategic plan but it clearly builds on the priority population work done under the NSRTU, and seems to correspond to identified needs. PEAP resources were used to identify and clarify the needs of certain priority populations (e.g. women). There is a sense that education and awareness programming is still needed.
i. Have new partners/infrastructures been created /strengthened to continue work in the area of tobacco control?	Yes, the sample evidenced quite a degree of new and strengthened partnerships e.g. with physicians, public health, education, sports organizations, women's organizations and health communities. PEAP may have strengthened existing partnerships, as well as new alliances. There is evidence that PEAP has strengthened capacity of key health influencers (e.g. physicians, sports coaches, nurses) to address tobacco consumption issues.

Community Action Initiatives Program (CAIP) Evaluation Questions and Answers Matrix

Evaluation Questions	Answers
a. What have been the effects of community action projects funded through the TDRS?	CAIP has had diverse effects, including ranging from raising awareness, through to community mobilization and action e.g. creation of by-laws in certain cities. Some aspects of community mobilization where more successful than others.
b. What programs and services have been introduced through community action initiatives? What groups were targeted? What has been the share of the total devoted to promotion, protection and cessation?	CAIP introduced a range of services and products - including program materials, high technology products, targeted (in many cases time-limited) action on issues such as youth smoking, ETS.
c. To what extent have funded projects achieved their expected results? What has been their impact on their target groups?	Project have been successful in meeting their implementation objectives. It is difficult at this time to respond to impact questions because there are only 15 final reports on file. In meeting their objectives, most projects appear to have been successful in reaching out to target groups (as measured by participation levels). Many projects have long-term objectives that can't be expected or measured in the short-term.
d. Have the projects funded been consistent with the objectives and target groups of the TDRS?	Yes. CAIP funding approval & funding criteria were adhered to. CAIP utilized a broad definition of "community". The funding of national level projects seems to suggest a need to formally modify the scope of eligible projects to include broader-based projects that contribute to or support community action (e.g. the NSRA) or to provide an alternative funding mechanism for projects of this nature.
e. Did the funded projects contribute to "capacity" building at the community level?	Yes, there is anecdotal evidence that "capacity-building" was improved via the provision and application of new information/skills as well as partnership-building.

Access to information

Access to information evaluation questions and answers matrix

Evaluation questions	Comments
a. To what extent have people in the tobacco control community, the corporate sector, schools and the provincial/territorial governments used the services and products of the National Clearinghouse on Tobacco and Health? Have the services of the Clearinghouse reached a broader audience than just the tobacco community?	The NCTH has had some success in expanding its client base.
b. How have the services and products offered by the Clearinghouse evolved since 1994?	Services and products have improved; of special note is the launching and on-going development of the NCTH Website.
c. What is the future viability of the Clearinghouse once the tdrs sunsets?	There is no Plan in place to sustain NCTH without continued funding from the federal government until at least 1999. It appears that without this ongoing federal funding, the NCTH is not viable after TDRS sunsets on March 31, 1997.
d. To what extent is the Clearinghouse used by Health Canada and others to disseminate the research studies funded through the TDRS?	NCTH does not disseminate TDRS funded products in the sense of distributing copies to clients on request. It appears that only a few CAIP and some PEAP products have been sent to NCTH to date. There are plans to include CAIP projects in NCTH's holdings. There are no data to indicate exact numbers of TDRS-funded products that have either been provided to or are currently available from NCTH. NCTH does not maintain data on which Health Canada TDRS products it has promoted or by what means.

B. PUBLIC EDUCATION AND AWARENESS PROGRAM

1. Methodology

Sample Selection

According to Health Canada information, PEAP contracted out 146 projects to address women and tobacco; school/youth; priority populations; pre and post-natal, and ETS issues. From these projects, Health Canada TDRS officials pre-selected 40 projects for potential evaluation, on the basis of their state of completion. From that sample, we randomly sampled 30 projects for intensive review. As can been seen from the following table, women and tobacco projects are over-represented and priority population projects are under-represented in the sample.

Table 1 : PEAP Contracts 1994/95 - 96/97

FOCUS	TOTAL #	(%)	SAMPLE #	(%)
Women & Tobacco	54	37.0	14	46.6
School/Youth	15	10.3	2	6.7
Priority Populations	49	33.6	6	20.0
Pre & post-natal	10	6.8	3	10
ETS	18	12.3	5	16.7
Total	146	100.0	30	10

Review Procedure

Our project team reviewed the main Health Canada files associated with the PEAP contracts. In addition, we interviewed the Health Canada official responsible for the file (or a designate) and a project representative (e.g. contractor). Our team conducted a total of 64 interviews related to PEAP projects[1].

---

[1] It should be noted that in a number of cases, Health Canada TDRS officials were interviewed about more than one project during the course of the same interview; each project-related interview is, however, counted as a separate interview.

2. Project List

The following projects were selected for review:

PROJECT TITLE	CONTRACTOR	VALUE	FOCUS	TYPE
Workplace Framework: Pilot Testing of the Tobacco Reduction Framework Guide	The Merlin Group	79,440	ETS	Resource Product
Resource Development for Children and Families: Smoke Gets in Your Eyes	Canadian Living/Telemedia	419,440	ETS	Resource Product
Economic Impact of Smoking Policies/Programs on the Hospitality Sector.	Conference Board of Canada	79,875	ETS	Research Study
Strategic Planning Workshop on Environmental Tobacco Smoke	Kent Consulting	8,584	ETS	Workshop
Distance Learning Curriculum: Provision of a Reliable and Comprehensive Tracking and Reference Resource on Tobacco and Tobacco Control for Use by Health Professionals, Volunteers and Laypersons Involved in Tobacco Control Programs	University of Waterloo	127,000	Priority Populations	Resource Product
Smoke-Free Kit	Ekos Research Associates	58,788	Youth/School	Resource Product
Physicians's Attitudes and Behaviours Towards Smoking Cessation: A Survey	Canadian Medical Association	209,456	Priority Populations	Research Study
Child-to-Child Project: Testing the Impact and Sustainability of the CTS Approach in Select Primary and/or Secondary Schools in the Regional Municipality of Ottawa-Carleton; Child to Child Development of an Evaluation Framework to Examine the CTC Methodology Pilot Initiative; Introduction of the CTC Methodology to Children in the Aboriginal Community to Promote Health in the Community; Introduction of the CTC to Inuit Community (Implementation in 8 Northern Sites) & Evaluation of the Inuit Sites; Evaluation of the Child-to-Child Methodology in Ottawa Schools.	Multiple Source Contracts	515,241	Priority Populations	Resource
Tobacco Tackle: Youth for Youth - Tobacco and Physical Activity Strategy	Canadian Association for Health, Physical Education, Recreation and Dance (CAHPERD)	22,865	Youth/School	Resource Product

PROJECT TITLE	CONTRACTOR	VALUE	FOCUS	TYPE
Development of a Tobacco Component to a Youth Peer Counselling Manual which is Appropriate to the Aboriginal Community in Canada	Kivalig Consulting	54,033	Priority Populations	Resource
Stop Smoking Program for Women	Canadian Public Health Association	315,745	Women & Tobacco	Resource Product
Women, Tobacco Use and the Media in Canada (1989-1992); Mixed Messages: Women, Tobacco and the Media in Canada (1989-1994) (*note: PEAP 12 consists of Phase I of this project, i.e. the Mixed Messages Research Report. PEAP 30 is Phase II, the Back Talk Media Literacy Kit)*	Lorraine Greaves	120,631	Women and Tobacco	Research
Canadian Women Against Women and Tobacco (CANWAT): Development of a Women and Tobacco Network in Canada	Canadian Council on Smoking and Health	84,845	Priority Populations	Networking
Tobacco Marketing and Youth: Examination of Attitudes and Behaviour to Tobacco Industry Advertising and Sponsorship	National Cancer Institute of Canada	48,645	Priority Populations	Research
Perinatal Resource Products: Smoking Cessation Training Module for Perinatal Care Providers	Spectra Communications	149,733	Pre-Post Natal	Resource Product
Development and Testing of Tobacco Cessation Resource Products for Nurses	University of Manitoba	89,886	Women & Tobacco	Resource Product
Women and Cessation: Identification of the Cessation Programming Needs for Women to Quit Smoking	Addiction Research Foundation	86,481	Women & Tobacco	Research
High Priority Anglophone Women - Comprehensive Needs Assessment of Disadvantaged/Priority English-speaking Women	Centres for Health Promotion	260,000	Women & Tobacco	Research
Qualitative Study of Sex Differences in Acquisition of Smoking Among Pre and Early Adolescents	Addiction Research Foundation & Carleton University	75,348	Women & Tobacco	Research
Development, Implementation and Testing of Components of a Multi-faceted Intervention Program to Reduce the Incidence of Smoking and Smoking Relapse during Pregnancy and Post-partum of both Women, and their Partners.	University of Ottawa	281,268	Pre-Post Natal	Resource Product

PROJECT TITLE	**CONTRACTOR**	VALUE	**FOCUS**	**TYPE**
Guide Your Patients to a Smoke Free Future: Inclusion of Women-centred Components	Canadian Council on Smoking and Health	68,005	Women & Tobacco	Resource Product
The Tobacco-Free Booklet Series for Pre-natal and Post-partum Providers Series	Chelsea Group Communications	65,547	Women & Tobacco	Resource Product
Francophone Needs Assessment & Study of Smoking Behaviours of Francophone Women	Price Waterhouse	216,171	Women & Tobacco	Research
Diffusion d'un programme d'abandon du tabac destiné à des femmes autochotones du Manitoba, de l'Ontario, et due Québec	Hôpital général de Montréal - Habitudes de vie Santé du coeur	111,070	Women & Tobacco	Resource Product
Relief at What Cost: Substance Abuse/use and Women with Disabilities	Disabled Women's Network of Canada	53,977	Women & Tobacco	Resource Product
Quit 4 Life	Multiple contracts	941,456	Priority Populations	Resource Product
ETS Survey of Parents and Children	EKOS Research	171,597	ETS	Research
Evening the Odds: Adolescent Women, Tobacco and Physical Activity	Canadian Association for the Advancement of Women and Sport and Physical Activity	65,683	Women & Tobacco	Resource Product
Gender Sensitive Tobacco Programs: Issues and Approaches	Diane Kinnon Consulting	70,966	Women & Tobacco	Resource Product
Backtalk Media Literacy Kit	Morrison and Associates	32,000	Women & Tobacco	Resource Product

3. Data Collection Instrument

TDRS PROJECT OVERVIEW

SECTION I: KEY PROJECT INFORMATION:

Project Title:		
TDRS Program Funding Source: (specify CAIP or PEAP)		
HC Project Consultant		Name: Tel. #:
Type of Funding: (specify Grants & Contribution, or Contract)		
Federal TDRS Funding Amount (show total value of all contracts for this project)		Total: \$ FY 94/95: \$ FY 95/96: \$ FY 96/97: \$
Other Sources of Funding: (Specify Funder and Amount - do not include in-kind contributions)		
Product Language: English, French, or Bilingual Product (E/F/B)		
Location)		City: Prov/Territory:
Start Date	**End** Date:	HC Project File Number:
JBL/TDRS Sample #:		JBL/TDRS Researcher:

SECTION II: KEY INTERVIEW CONTACTS

Key Contacts for Interviewing (maximum 3, including HC Project Consultant)

#1. Name:
Title:
Organization:
Relation to Project:
Address:
Telephone:
Fax #:
Time/Date of Interview:

#2. Name:
Title:
Organization:
Relation to Project:
Address:
Telephone:
Fax #:
Time/Date of Interview:

#3. Name:
Title:
Organization:
Relation to Project:
Address:
Telephone:
Fax #:
Time/Date of Interview:

SECTION III: DOCUMENTS ACCESSED FOR THE PURPOSES OF THIS REVIEW

	TITLE	DATE	N/A
Project proposal & description			
Funding Approval Form			
Grants & contributions agreement			
Contract agreement			
Actual financial expenditures			
Progress report(s)			
Final report			
Products: LIST ALL Project Products: e.g. resource guide, Curricula, etc.			
Other: specify			

Is a needs assessment report on file? (Y/N)	Y/N If Y - Is it a separate document, or part of another document, e.g. a proposal, etc Provide title.
Is there an evaluation report on file	Y/N If Y - Is it a separate document, or part of another document, e.g. a final report. Provide title:

SECTION IV: PUBLIC EDUCATION AND AWARENESS PROJECT REVIEW

Is funding consistent with TDRS objectives & priority targeting, for Public Education and Awareness Programs and Services? (Y/N - IF N, indicate why) *TDRS Objectives:* *Prevention: to help non-smokers stay smoke-free.* *Cessation: to encourage & help those who want to quit smoking to do so.* *Protection: to protect the health and rights of non-smokers.* *For priority targeting, please see target groups below.* *Note there are no formal, written funding criteria for public education & awareness component, but the projects should correspond to the broad TDRS & priority targeting.*	Y/N If no, why not?		
Project Objectives (list):			
Target Population: X all of the categories that apply.	YOUTH	Children (6-11)	
		Youth (12-18)	
		Young adults (19-24)	
		Preschool (5 & under)	
		In School age (6-18)	
		Youth not in school	
		Other youth	
	WOMEN	Young women (12-18)	
		Used tobacco before, during, after pregnancy	
		Other women	
	ABORIGINAL	FN On-reserve	
		FN Off-reserve	
		Métis	
		Inuit	
	HARD-TO-REACH	Unemployed	
		Low literacy	
		Disabled	

	Ethnocultural group:
	OTHER SPECIFY:
Activity type: (specify prevention, cessation, or protection) and briefly describe activities of the project.	Type: Activities:
Support/participation of parents, teachers, health professionals, coaches, employers, peers, community leaders, etc.	Y/N: Who supported: Nature of support:
Information dissemination plan? (Y/N) If Y, briefly describe. Does plan include Clearinghouse Dissemination (Y/N)?	Y/N: Description: NCTH Y/N:
Information dissemination report? (Y/N)	Y/N: Description:
Final Report: (1-2 paragraph summary of results, focusing on outcomes)	
Project Evaluation P= Process O= Outcome	Y/N: If Y, P or O
Describe Project Evaluation Results: (1-2 paragraph summary of key findings and outcomes especially in following areas: knowledge/skills/behavioural change/networks/partnerships, etc.)	
Are project information products now disseminated by NCTH? If yes, describe: (specify how, volume, etc.) If not, any indication why not?	Yes/No: Specifics: Why not?

Peap Interview Guide

Use the interviews to confirm, clarify, and amplify on the information contained in the file, focusing on the following questions:

1. Could you describe the context and rationale for this project?

2. In your opinion, were the objectives of this project met?

3. Has this project contributed to public awareness and education on tobacco-related issues? If yes, why and how, if not, why not? What other kinds of impacts (intended or unintended) has the project made?

4. How has project contributed to "capacity-building" in the community (give concrete examples i.e. networks formed, new projects spawned, etc.)

5. In your opinion, what are the top three "key learnings: from this project?

6. Are the project's activities and target populations still relevant? (Y/N) (If so, in what way?)

7. Information dissemination: was the NCTH used as a resource in developing this project? (Y/N) If so, how, if not, why not?

8. Information dissemination: was the NCTH used to disseminate project results (Y/N)(if not, why not)

9. Were other information dissemination mechanisms used (if so, please describe).

10. Have you any other comments or concerns?

4. Summary of Lessons Learned (PEAP)

Based on their experience in developing and implementing PEAP projects, interviewees identified key learnings about the following areas:

- developing/implementing an Initiative like TDRS
- developing/implementing resource development and research projects and,
- specific tobacco control intervention areas.

Development/Implementation of TDRS

For an Initiative like TDRS, it is important to:

- share learnings between projects
- focus on promotion of/communication about projects and products
- build consensus in the field (e.g. among scientific community)
- ensure that recommendations are followed by action
- provide projects with long term support
- develop partnerships (e.g. federal government, provinces, key organizations) to implement projects
- coordinate program development and program evaluation to avoid overlap
- capitalize on increasing community awareness of issues and willingness to take action
- provide projects with evaluation support and education
- ensure products will be distributed/used (e.g. use existing networks for dissemination)
- establish adequate time frame for project implementation/fruition
- address negative impact of funding pressures, staff turnover, political barriers within HC, and
- ensure a close link between HC and field.

Development/Implementation of Projects

Projects are most effective if there is:

- the direct involvement of community/target group members throughout project development/implementation (i.e. provides sources of expertise, ensures needs met, facilitates empowerment and provides mutual support); and
- built-in flexibility (e.g. in implementation timetables).

Development of Resource Products

Developing successful resource products includes recognizing that:

- advisory groups can be a valuable resource for development/implementation of projects
- electronic platforms have tremendous potential as community resources
- all materials must be designed for end users
- resources should also include practitioners' viewpoints
- peers can be a key influence on health professionals/physicians
- experiential learning and holistic approaches may be most effective strategies; and,
- use of plain language is critical.

Research

Interviewees suggested that:

- ecological methods may be better than experimental research approaches in examining tobacco consumption behaviours.

Tobacco Consumption Interventions

The majority of projects in our sample focused on the needs of specific population groups (children/youth, women, members of priority groups). For these groups, there are two overarching lessons:

- the stages of change model has tremendous potential for interventions, and

- addressing tobacco issues must be done in context, i.e. by taking into account the reality of people's lives and the many factors that impact on smoking behaviour.

Children/Youth

Interviewees noted the following key lessons:

- since addiction starts in childhood; youth smoking is a serious issue
- marketing has a powerful influence on young people's smoking behaviour
- marketing influence is linked to children/young people's developmental process (and we need to know more about this)
- youth can be an important source of support for one another
- young people are interested in addiction (and how to overcome it)
- youth receptive to concept of lifestyle balance (spiritual, emotional, physical,mental)
- youth experience isolation from adults and may be ambivalent about smoking
- personal choice, not just peer pressure, is important factor in decision to not smoke
- there may be important gender differences in adolescent smoking behaviour (and we need more information about these)

- long-term follow up is needed to measure cessation, and
- t.v. and radio are effective promotional mechanisms for resource materials for young people.

Women and Tobacco

Interviewees noted that we've learned lessons about why women smoke, why they quit, what kind of support they need to reduce or quit smoking, including the following:

- smoking is linked with social/economic contexts of women's lives
- factors in continuing to smoke include lack of awareness/acceptance of health risks, long term nicotine dependence, concerns about coping and stress, isolation and lack of social support, fear of weight gain, concern about withdrawal
- motivations to quit include concerns about personal health, health of children
- positive self-image may play a role in not smoking
- women are more likely than men to get help to quit
- health professionals/physicians are an important source of cessation support for women so they should be prepared to address the issue and provide consistent messages
- to support women, we need to know more about women's style of communication and learning and the implications for programming, e.g. need to know more about the importance of relationships, group support, equal participation, and peer leadership
- education re: health risks is not the best or only approach - there is a need to develop a comprehensive approach including legislation, taxation, policies, and gender sensitive interventions
- women's organizations need to recognize smoking as a priority issue, and they need to work together with health professionals and share resources and expertise.

The principles of gender sensitive tobacco programming include:

- tailoring programs to meet special needs of specific groups of women
- recognizing social, economic realities of women's lives and links to stress/control issues
- recognizing and addressing barriers to women's participation and environmental factors (e.g. literacy, cost, child care, location, workplace stress, lack of control over job, competing work/family obligations, violence, poverty)
- providing flexible responses, i.e. affordable programs, provision of child care, flexible hours of operation,
- offering holistic, positive, non-judgemental, accepting and supportive programming
- provide replacement strategies/referrals alongside tobacco programming
- including skills development to increase control over lives, emphasizing social support, using partnership approach
- focusing on stages of change model; fears re: weight gain; positive coping strategies; dangers of ETS; health hazards
- providing social support and follow-up counselling
- recognizing and addressing the influence of partners on change process

- not focusing exclusively on cessation - other goals can include reduction in smoking, increased self-esteem, increased awareness of harm
- providing information on how to stay smoke-free/relapse prevention

Young Women

Interviewees stated we have learned the importance of:

- focusing on links between smoking and other issues, e.g. body image, weight, nutrition, self-esteem, eating disorders, dropping out of school/physical activities/sports
- physical activity/sports as a key alternative to prevent or reduce smoking among young women, especially if non-competitive alternatives are offered
- media literacy may be another key strategy for helping young women recognize links between issues, recognize media manipulation and develop skills to take action.

Other Groups of Women

Interviewees stated we have learned that women are not a homogenous group. We have learned that:

- smoking rates are highest among women who experience low levels of education, low income, unemployment, low-paid jobs,, single parenthood, lack of social support

- more information/strategies are needed for specific groups, including: battered women, incarcerated women, aboriginal women, francophone women, women addicted to drugs and alcohol, and disabled women; and

- contextual issues must be taken into account, e.g. for disabled women these include anger, frustration, self-esteem, transportation difficulties, and being ignored by society.

- there is a connection between stress and smoking behaviour among nurses.

Pre and Post-natal

Interviewees stated that we have learned that:

- cessation during pregnancy can double women's quit rates
- partners' play a key role in the change process
- postpartum relapse rates are very high; and
- postpartum relapse happens in identifiable stages.

We have also learned that programming must:

- be supportive, long-term, and non-judgemental
- include strategies to involve partners in change process during pregnancy, and
- provide women with strategies to cope with postpartum relapse.

Priority Groups

Although there is a need to develop more projects for priority groups, we have learned some lessons about Aboriginal communities and Francophones.

Aboriginal communities

We have learned the importance of:

- using a broad health promotion approach
- addressing issues in culturally sensitive, contextually aware manner (e.g. high smoking and chewing rates in Inuit population are contextualized by daily realities of alcohol, glue sniffing, poverty)
- translating materials appropriately
- providing information on the traditional use of tobacco
- tailoring size/format/style of resources
- including self-esteem and stress management techniques; and
- building flexibility into development process.

Francophone populations

We know that Francophones are not a homogenous group across Canada. We have learned that we need:

- more information on their needs and tobacco consumption behaviours
- more programs developed specifically for Francophone populations, rather than adapted or translated materials.

Other PEAP projects we sampled addressed the role of physicians, and issues related to ETS.

Physicians/Health Professionals

Since physicians and other health professionals are an important resource for supporting cessation, there is a need to:

- change their attitudes/behaviours towards priority population groups such as women and youth

- improve their understanding of women's/youth's smoking behaviour (e.g. encourage them to ask youth about smoking at younger age; prevention has been linked to screening young women at age 9)

- encourage them to consider key contextual factors when they screen young women for smoking (i.e. friends/family who smoke, concern about weight, difficulty communicating with parents, appearance of stress/depression, low self-esteem, lack of confidence, lack of involvement in sports/physical activity, poor eating habits); and

- use counselling approaches for women that include: an appreciation of the complexity/duration of quitting process; recognition of the role of stress and inequality in women's lives and links to smoking behaviour; being respectful, non-judgemental and supportive; providing information and an individualized approach; encouraging other forms of support (buddies, peers, groups, NRT); using the stages of change model.

ETS

Interviewees emphasized the need to:

- conduct more research to fully understand the effects of ETS
- recognize that complexity of issue (affects home, work, public spaces, schools,etc.) has implications for program strategies
- recognize that targeting children can influence smoking behaviour of parents
- focus on new, less well-known impacts of smoking (e.g. ear aches and asthma among children)
- provide education to overcome myths (e.g. smoke-free establishments can be successful); and
- focus on positive motivations for implementing smoke-free policies in businesses/workplaces, e.g. improved customer satisfaction/new customers, etc.

C. Community Action Initiatives Program

1. Sampling Methodology

The CAIP sample was drawn from the CAIP database that has been created by Health Canada. The sample was intended to be representative of the CAIP nationally, not representative of each region.

Database Summary

The CAIP database contained information on 234 projects funded by the tobacco demand reduction strategy. The data was descriptive in nature, with a number of variables defining the various project titles, host agencies, locations, key contact personnel, and duration. A second set of variables within the CAIP database identified funding amounts, priority target groups and project types or objectives. The target groups were defined within six categories: 'youth', 'women', 'francophone', 'aboriginals', 'schools' and 'the workplace'. The project types were divided into three groups: 'cessation', 'prevention' and 'protection'. The priority target groups and project types were not mutually exclusive, a project may have been able to target more than one group and identify more than one objective.

Data Quality

A review of the data showed complete information for the descriptive variables and funding amounts and a relatively high number of missing values for the priority target groups and project types. For example, 38% (88/234) of the projects were coded as not targeting any priority groups while a sizable 62% (146/234) were coded as not having any of the project types or objectives. Combined, 27% (64/234) of the projects were identified as not targeting any of the priority groups or project types.

Sampling Approach

Of the 234 projects, the sampling design required 40 to be randomly identified and reviewed. The initial sampling considered four factors: 'funding amounts', 'location', 'priority target groups', and 'project types'. Given the frequency of missing data for the last two factors, the distribution of funding amounts and location were the key criteria utilized to design the sampling approach.

Sample Selection

Sample selection was based on the distribution of the 234 projects according to their funding amounts and region of operation. The range of funding amounts were grouped into five categories based on the values at each of the five 20th percentiles. The amount categories were divided as follows: 'less than $25,000', '$25,000 to $39,999', '$40,000 to $59,999', '$60,000 to $109,999', and 'greater than or equal to $110,000'. The region of operation was grouped into the seven common categories: 'National', 'Atlantic', 'Quebec', 'Ontario', 'Manitoba/Saskatchewan', 'Alberta/Yukon', and 'British Columbia/Northwest Territories'. Table 1 shows the number and percentage distribution of the projects.

Table 1: Distribution of CAIP Projects by Region and Funding Amounts

Funding Amount	**National**	**Atlantic**	**Quebec**	**Ontario**	**Manitoba/ Sask.**	**Alberta/ NWT**	**British Columbia/ Yukon**	**Total**
< $25,000	0 (0%[1])	9 (20%)	2 (8%)	14 (19%)	4 (25%)	11 (29%)	4 (14%)	**44 (19%[3])**
$25,000 - $39,999	0 (0%)	7 (16%)	4 (16%)	13 (18%)	1 (6%)	16 (42%)	6 (21%)	**47 (20%)**
$40,000 - $59,999	2 (20%)	9 (20%)	6 (24%)	13 (18%)	2 (12%)	9 (24%)	3 (11%)	**44 (19%)**
$60,000 - $109,999	0 (0%)	16 (36%)	6 (24%)	14 (19%)	2 (12%)	2 (5%)	13 (46%)	**53 (23%)**
>= $110,000	8 (80%)	3 (7%)	7 (28%)	19 (26%)	7 (44%)	0 (0%)	2 (7%)	**46 (20%)**
Total	**10 (4%[2])**	**44 (19%)**	**25 (11%)**	**73 (31%)**	**16 (7%)**	**38 (16%)**	**28 (12%)**	**234 (100%)**

[1] Percentages calculated within regions. [2] Percentages calculated across regions. [3] Percentages calculated across funding amounts.
Note: Some columns or rows may not total 100% due to rounding.

The Ontario region had the highest number of projects at 73, with the next largest being the Atlantic at 44. Within the seven regional groupings, the National projects had the highest percentage in the $110,000 or greater category followed by BC/Yukon with 46% in the $60,000 to $109,999 range, Quebec and Alberta/NWT each had 24% of their projects in the $40,000 to $59,999 funding level, while Alberta/NWT had 42% in the $25,000 to $39,999 and less than $25,000 ranges.

The percentage distributions across the regions and funding amounts were utilized to determine the number of projects to sample from each of the 35 cells. For example, the 73 Ontario projects accounted for 31% of the 234 CAIP projects. Given the required sample size of 40, 31% would represent 12 of the 73 projects (i.e., 31% of 40 = 12.4, rounded to 12 projects). The number within each of the funding amounts for each region was calculated in a similar fashion. Extending the Ontario example, 19 of the 73 projects were categorized in the $110,000 or greater funding level, representing 26% of the projects. Twenty-six percent of the 12 Ontario region projects identified earlier would represent 3 projects (i.e., 26% of 12 = 3.1, rounded to 3 projects). Table 2 shows the number and percentage of projects required within each of the 35 cells to attain a representative sample of 40 projects.

Table 2: Distribution of Required CAIP Projects by Region and Funding Amounts

Funding Amount	National	Atlantic	Quebec	Ontario	Manitoba/ Sask.	Alberta/ NWT	British Columbia/ Yukon	Total
< $25,000	0 (0%[1])	1 (12%)	0 (0%)	2 (17%)	1 (33%)	2 (33%)	1 (20%)	**7 (17%[3])**
$25,000 - $39,999	0 (0%)	1 (12%)	1 (25%)	2 (17%)	0 (0%)	2 (33%)	1 (20%)	**7 (17%)**
$40,000 - $59,999	0 (0%)	2 (25%)	1 (25%)	2 (17%)	0 (0%)	2 (33%)	0 (0%)	**7 (17%)**
$60,000 - $109,999	0 (0%)	3 (38%)	1 (25%)	3 (25%)	1 (33%)	0 (0%)	2 (40%)	**10 (25%)**
>= $110,000	2 (100%)	1 (12%)	1 (25%)	3 (25%)	1 (33%)	0 (0%)	1 (20%)	**9 (23%)**
Total	**2 (5%[2])**	**8 (20%)**	**4 (10%)**	**12 (30%)**	**3 (7%)**	**6 (15%)**	**5 (13%)**	**40 (100%)**

[1] Percentages calculated within regions. [2] Percentages calculated across regions. [3] Percentages calculated across funding amounts.

Note: Some columns or rows may not total 100% due to rounding.

Random Sampling Process

Once the required number of projects were determined within each cell, projects were randomly selected based on a computer generated random sequencer. For example, as determined earlier, 3 of the 19 projects were required from the Ontario region category of those funded for $110,000 or more. The 19 projects were sorted by the random generator and three were selected. The same process was repeated for each cell requiring one or more projects to be drawn.

Quality of Random Sampling Process

One of the most accepted methods for examining the quality or integrity of the random sample is to compare the distribution of the 40 projects to the entire sample of 234 projects. Comparisons should be made on the criteria utilized to select the sample. If the percentage distributions are similar within the cells, it can be assumed that the random sample is an accurate and fair representation of the entire sample of projects.

A comparison of percentages for Tables 1 and 2 shows a high degree of similarity. Continuing with the Ontario region example, the distribution across the funding levels for the 73 projects is: 19%, 18%, 18%, 19%, 26%. For the 12 randomly sampled projects, the distribution is: 17%, 17%, 17%, 25%, 25%. The greatest difference in the percentages was only 6%, while most were only 1% or 2% different. Similar results were observed for the remaining categories, suggesting the random sample accurately represents the distribution of all 234 projects.

Review Procedure

Our project team reviewed the main Health Canada files associated with the CAIP contracts. In addition, we interviewed the Health Canada official responsible for the file (or a designate) and a project representative (e.g. funding recipient). A total of 88 interviews were conducted[2].

2. Project List

The list of the forty projects reviewed is presented in the following table.

PROJECT TITLE	**Sponsor**	**Amount**	**Region**	**Focus**
Key Issues in Tobacco Control	Non-Smokers' Rights Association	1,350,000	National	policy issues
National Inuit Tobacco Use Reduction: Community Awareness and Education	Pauktuutit Inuit Women's Association	469,110	National	community awareness/ education
Wordless Book	Aboriginal Women's Association of PEI	24,598	Atlantic	resource product
Stop Smoking: A Program for Women	Health Heart Nova Scotia	32,550	Atlantic	program delivery
Kings Wide Initiative to Stop Smoking	Kings Wide Initiative to Stop Smoking (WKITSS)	53,882	Atlantic	community action
A Community-Based Approach to Environmental Tobacco Smoke - Awareness and Control	Smoke-Free Nova Scotia	44,000	Atlantic	community action
Province-wide Sales to Minors Compliance Analysis Action Alliances	Lung Association of Nova Scotia	89,000	Atlantic	community action

---

[2] It should be noted that in a number of cases, Health Canada TDRS officials were interviewed about more than one project during the course of the same interview; each project-related interview is, however, counted as a separate interview.

PROJECT TITLE	Sponsor	Amount	Region	Focus
A Community-based Strategy to Address Tobacco Use	Association High and St. Michael's Parent Teacher Association	64,275	Atlantic	research
Smoke-Free Schools and Communities	School District 14	99,218	Atlantic	community action
Communities for Youth	Halifax Task Force on Drugs	130,631	Atlantic	community action
Projet d'étude des besoins des mères fumeuses	Le Centre de prévention TVDS	31,600	Quebec	research
Vaincre le tabac à Dauphine	Le maison Dauphine	50,347	Quebec	community action
Youth Action on Tobacco	YMCA	66,570	Quebec	community action
Implantation du programme "Écoute ton coeur"	Association des intervenants en formation personnelle et sociale	163,436	Quebec	community action
Healthy Adolescent/Healthy Adult Program	Smokers and Quitors; Sudbury District Health Unit	42,000	Ontario	education and awareness program
Stop Smoking: A Program for Low Income Women in Lambton and Kent Counties	London Health Unit	46,023	Ontario	cessation program
YDIC Smoke Free	Kenora Drop-in Centre	92,519	Ontario	community action
Demonstration Project to Prevent the Use of Tobacco among Children and Youth in Ethno-cultural Communities	Sir Wilfred Laurier University	60,480	Ontario	demonstration project

PROJECT TITLE	Sponsor	Amount	Region	Focus
Support for Cessation	The Coalition for a Tobacco-free Peterborough	106,850	Ontario	community action
A Multimedia Computerized Health Promotion Program for Women, Smoking and Health	University of Waterloo	125,000	Ontario	resource development
Smoke Free Communities	Algoma Best Start; Council for Tobacco Free Algoma	125,964	Ontario	community action
Using Information Technology to Engage Teens in Prevention and Cessation	University of Toronto	290,000	Ontario	resource product
Make Ours Tobacco-Free	Wellington, Dufferin Guelph, Health Unit	6,188	Ontario	community action
Stop Smoking Program for Low Income Women in Niagara	Lung Association Niagara Region	11,470	Ontario	support program
The Ex-Smokers Support Group	Lung Association of Bruce, Dufferin and Grey Counties	30,000	Ontario	community action
Projet novateur d'anti-tabagisme	Collége des Grands Lacs; Association Canadienne Française de L'Ontario	35,000	Ontario	community action
Smoke-out in the Great Southwest	Saskatchewan Community Health	9,000	Man/Sask	community action
Tobacco Reduction Strategy for Youth	Gabriel Springs Health Unit	70,000	Man/Sask	community action
Youth Corps of Health Educators	Health Education Association of Saskatchewan	146,000	Man/Sask	community action

PROJECT TITLE	Sponsor	Amount	Region	Focus
Whitecourt Community Action Initiatives	Alberta Alcohol and Drug Commisson	18,538	Alta/NWT	community action
Youth Needs Assessment	Lesser Slave Lake Indian Regional Council	10,865	Alta/NWT	community action
Environmental Tobacco Smoke in Medicine Hat	Tobacco Coalition of Medicine Hat	39,450	Alta/NWT	community action
Tobacco Free Capital Region - Phase 2	Tobacco Free Capital Region (Edmonton)	34,405	Alta/NWT	community action
Community Action Centre for Tobacco	Action on Smoking and Health	74,302	Alta/NWT	community action
Evaluation Support to CAIP Project Sponsors	Poundmaker's Lodge Treatment Centre	$49,955	Alta/NWT	other
Yukon Community Action Initiatives Program -	Public Health and Safety Department - Yukon College	316,000	BC/Yukon	community action
Puff and the Travelling Smoking Show	Salmo Community Services	$4,459	BC/Yukon	education & awareness
Wet Graffiti	Options: Services to Communities Society	39,600	BC/Yukon	resource product
Perinatal Smoking Cessation and Protection	Comox Valley Perinatal Advisory Committee	99,497	BC/Yukon	program delivery
Towards a Smoke-Free Kimberley	Towards a Smoke Free Kimberley Committee	87,097	BC/Yukon	community action

3. Data Collection Instrument

TDRS PROJECT OVERVIEW

SECTION I: KEY PROJECT INFORMATION:

Project Title:		
TDRS Program Funding Source: (specify CAIP or PEAP)		
HC Project Consultant		Name: Tel. #:
Type of Funding: (specify Grants & Contribution, or Contract)		
Federal TDRS Funding Amount (show total value of all contracts for this project)		Total: $ FY 94/95: $ FY 95/96: $ FY 96/97: $
Other Sources of Funding: (Specify Funder and Amount - do not include in-kind contributions)		
Product Language: English, French, or Bilingual Product (E/F/B)		
Location)		City: Prov/Territory:
Start Date	**End** Date:	HC Project File Number:
JBL/TDRS Sample #:		JBL/TDRS Researcher:

SECTION II: KEY INTERVIEW CONTACTS

Key Contacts for Interviewing (maximum 3, including HC Project Consultant)

#1. Name:
Title:
Organization:
Relation to Project:
Address:
Telephone:
Fax #:
Time/Date of Interview:

#2. Name:
Title:
Organization:
Relation to Project:
Address:
Telephone:
Fax #:
Time/Date of Interview:

#3. Name:
Title:
Organization:
Relation to Project:
Address:
Telephone:
Fax #:
Time/Date of Interview:

SECTION III: DOCUMENTS ACCESSED FOR THE PURPOSES OF THIS REVIEW

(give title and date of each document).

	TITLE	DATE	N/A
Project proposal & description			
Funding Approval Form			
Grants & contributions agreement			
Contract agreement			
Actual financial expenditures			
Progress report(s)			
Final report			
Products: LIST ALL Project Products: e.g. resource guide, Curricula, etc.			
Other: specify			

Is a needs assessment report on file? (Y/N)	Y/N If Y - Is it a separate document, or part of another document, e.g. a proposal, etc Provide title.
Is there an evaluation report on file	Y/N If Y - Is it a separate document, or part of another document, e.g. a final report. Provide title:

SECTION V: COMMUNITY ACTION INITIATIVES PROGRAM

Is funding consistent with TDRS objectives & priority targeting, Public Education and Awareness Programs and Services? (Y/N - IF N, indicate why)) *TDRS Objectives:* *Prevention: to help non-smokers stay smoke-free.* *Cessation: to encourage & help those who want to quit smoking to do so.* *Protection: to protect the health and rights of non-smokers.* *For priority targeting, please see target groups below.*	Y/N: If no, why not?		
Project Objectives (list):			
Target Population:	YOUTH	Children (6-11)	
		Youth(12-18)	
		Young adults (19-24)	
		Preschool (5 & under)	
		In School (6--18)	
		Youth not in school	
		Other youth	
	WOMEN	Young women (12-18)	
		Used tobacco before, during, after pregnancy	
		Other women	
	ABORIGINAL	FN On-reserve	
		FN Off-reserve	
		Métis	
		Inuit	
	HARD-TO-REACH	Unemployed	
		Low literacy	
		Disabled	
		Ethnocultural group:	
	SPECIFY OTHER:		
Activity type: (specify Prevention, Cessation, or Protection) and briefly describe activities of the project.	Type: Activities:		

Support/participation of parents, teachers, health professionals, coaches, employers, peers, community leaders, etc.	Y/N: Who supported: Nature of support:
Information dissemination plan? If Y, describe. Does plan include Clearinghouse Dissemination? (Y/N)	Y/N: Description: NCTH Y/N:
Information dissemination report?	Y/N: Description:
Final Report: (1-2 paragraph summary of results, focusing on outcomes)	
Project Evaluation (Y/N) Type: P= Process O= Outcome	Y/N: Type P/O:
Describe Project Evaluation Results: (1-2 paragraph summary of key findings and outcomes especially in following areas: knowledge/skills/behavioural change/networks/partnerships, etc.)	
Are project information products now disseminated by NCTH? If yes, describe: (specify how, volume, etc.) If not, any indication why not?	Y/N: Specifics: Why not?:
Impact on community (new networks, partnerships, continuing action beyond TDRS)	

Interviews (CAIP)

Note: the interviews provide an opportunity to confirm, clarify, and amplify on the information contained in the file, focusing on the following:

1. Could you describe the context and rationale for this project?
2. In your opinion, were the objectives of this project met?
3. Has the project had an impact on the target group? (Y/N) If yes, why and how, if not, why not?
4. How has project contributed to "capacity-building" in the community (give concrete examples i.e. networks formed, new projects spawned, etc.)
5. How consistent was the project with community priorities? (not at all - consistent - very consistent)
6. Is the project still relevant in the community (Y/N) (if so why, how)
7. Is the Project being sustained or continued after TDRS funding ends? (Y/N) (If so how, if not, why not)
8. In your opinion, is this project transferable to other settings (Y/N) (specify where - local, provincial/regional/national).
9. How has this project contributed to community action and development on tobacco- related issues? (Y/N) What other kinds of impacts (intended or unintended) has the project made?
10. What are the top three "key learnings: from this project:
11. Information dissemination: was the NCTH used as a resource in developing this project? (Y/N)If so, how, if not, why not?
12. Information dissemination: was the NCTH used to disseminate project results (Y/N) (if not, why not)
13. Were other information dissemination mechanisms used (if so, please describe).
14. Have you any other comments or concerns?

4. Summary of Lessons Learned (CAIP)

Based on their experience in developing and implementing CAIP projects, interviewees identified the following key learnings about:

- developing/implementing an Initiative like TDRS
- developing/implementing resource development and research projects, and
- specific tobacco control intervention areas.

Development/Implementation of TDRS

For an Initiative like TDRS, it is important to recognize that:

- health promotion initiatives are only one part of a comprehensive tobacco control strategy
- support for national-level public policy development and legislation is key to a comprehensive approach (and may need a separate funding stream)
- taxation and price are important factors in tobacco consumption
- a regulatory driven approach is necessary
- the development of a solid knowledge base is essential
- all actions/messages must be effectively tailored
- communities can and should be involved in both policy and program development
- education programs and public policy at all levels must send consistent messages
- many Canadians still do not consider tobacco use as an addiction; and
- responsibility for tobacco control is now shifting to the provincial level.

An Initiative like TDRS should:

- provide adequate time frames for implementing a community development approach (i.e. this is a time-consuming, evolutionary process that requires adequate structure and time)
- provide sufficient time to develop projects and partnerships and then implement programming
- require advocacy groups to be transparent in their operations to deflect criticism
- require organizations to maintain separate bank accounts for projects
- help those working in isolated communities to link up and share experiences
- provide evaluation support for projects in order to improve evaluation, help identify needs, guide the project development process, and assist projects to demonstrate results
- address the need to market the products produced with Initiative funding; and
- fund projects in partnership with provinces/territories to ensure buy-in.

Development/Implementation of Projects

Some general lessons learned about project development and implementation include the importance of:

- establishing needs of target group
- obtaining participation of target group (e.g. target group members as facilitators with support of quality control mechanism supports project sustainability)
- the contribution of evaluation to program development
- addressing tobacco issues holistically, i.e. in context of healthy living, not in isolation
- addressing causal factors associated with smoking
- setting realistic goals.

Community Action and Organizational Development

Interviewees noted that effective projects were based on:

- community leadership, support and involvement in planning, implementation, evaluation
- credible, committed project coordinator (working on-site, not at a distance)
- development of partnerships with local organizations/community
- involvement of all stakeholders
- ongoing clarification, communication with all partners/stakeholders
- ongoing development of volunteers
- tailoring activities to needs of participants
- recognizing that community action can be catalyst for healthy public policy

At the same time, it is important to:

- recognize difficulty of addressing issues that are not community priorities, or are controversial e.g. enforcement and compliance).

Resource Products

Developing effective resources should include:

- effective end-user oriented designs
- entertainment components
- information related to different stages of life
- the development of marketing/delivery strategies

It is also important to:

- recognize the potential of the Web as resource for communities/target groups
- avoid duplicating existing resources

Other

- central provincial location for resources, information and coordination of initiatives is important
- local networks to provide education and support, especially for sparse populations, are also important
- evaluation support for projects means:

  - defining support in terms of projects/sponsors/funders needs
  - considering available resources, need for evaluation and evaluation requirements; and
  - requiring projects to allocate time to evaluation
- bylaws are needed to support the implementation of smoke-free policies in businesses, and
- implementation of by-laws needs organization, local partnerships, and participation/support of public.

Tobacco Consumption and Control Interventions

Interviewees noted that:

- addressing the harms and health risks of tobacco use can be a "tough sell" with the most important groups (youth, First Nations peoples, smokers)

Children/Youth

Interviewees noted that:

- living with people who smoke is very strong influence on youth
- young women have misperceptions about high rates of young women's smoking which should be challenged
- young people have very easy access to cigarettes (may need more storeowner awareness)
- prevention strategies are most effectively targeted to younger children and young people who have not used tobacco
- cessation programming is a priority among youth (vs. awareness programming)

They suggested using the following approaches/strategies:

- developing innovative, eclectic fun programs
- peer facilitation (supported by training and resources, guidance from adult leader)
- use of the Web
- schoolbus ads
- offering rewards for quitting
- promoting resources/programs in the media

They noted the importance of:

- parents' support/participation
- school system support
- broad based community approach (especially in small communities)

In working with youth it is important to:

- avoid using smoke-free facilities that may not be conducive to involving young smokers in programming
- avoid lecturing, facilitate critical thinking instead
- help youth establish common goals.

Women

Effective programming should be:

- women-centred, women-specific
- supportive and empowering
- free
- funded on a long term basis
- promoted in community.

It should involve:

- a step-by-step, support group approach
- encouraging recognition of addiction
- provision of transportation & child care.

Young women

Young women are harder to reach, need to be targeted differently, and need separate programming designed for their needs.

Pregnant women

- Pregnant women need specific programming designed for their needs; and
- Care providers are an effective medium for getting information out to pregnant women.

Aboriginal peoples

It is important to:

- develop culturally sensitive materials
- target young children for prevention
- move beyond developing awareness and resources to developing programs
- recognize costs of working in communities that are isolated, remote and linguistically diverse.

D. Access to Information - NCTH Case Study

1. Methodology

The case study research involved:

- reviewing key documents contained in Health Canada's files, as well as documents provided by the Canadian Council on Smoking and Health
- conducting a total of 8 interviews with representatives of the NCTH and the CCSH, the NCTH Advisory Committee, and Health Canada personnel
- inviting visitors to the NCTH World Wide Web homepage to provide us with their comments on the usefulness of the Clearinghouse, by e-mailing directly to us at Jamieson, Beals, Lalonde & Associate, Inc. We received 10 responses.

2. Interview List and Questions

Interview List

National Clearinghouse on Tobacco and Health

Janice Forsyth
Executive Director, Canadian Council on Smoking and Health
Clearinghouse Staff:

Anne Marie Comtois
Senior Information Officer

Amélie Crosson
Senior Writer

George Duimovich
Technical Projects Manager

Robert Leblanc, Consultant

National Clearinghouse on Tobacco and Health Advisory Committee

Dr. Christina Mills
Laboratory Centre for Disease Control
Health Canada

Lorne Widmer
Ontario Ministry of Health

David Sweanor
National Smokers Rights Association

Health Canada, Tobacco Demand Reduction Strategy

Dawn Hachey
Cathy Bennet

Case Study Interview Questions

We conducted semi-structured interviews, based primarily on the questions in the evaluation matrix for the Access to Information component (see Evaluation Matrix, above). Where appropriate, interviews diverged into other related areas, depending on the role/involvement of the interviewee with NCTH.

3. Web-site invitation for NCTH feedback

The text for the Web site feedback mechanism was as follows[3]:

"Our firm, Jamieson, Beals, Lalonde & Associates has been asked by Health Canada to conduct an evaluation of the Tobacco Demand Reduction Strategy, a three-year initiative which began in 1994/95 and ends March 31, 1997. As part of that evaluation, we are looking at the effectiveness of the National Clearinghouse on Tobacco and Health, which received funding from the Strategy.

We would like to have feedback from you, the users of the Clearinghouse. We are particularly interested in knowing how the Clearinghouse compares to other sources of tobacco-related information and resources, and how important the Clearinghouse is or has been in your own work. Or, you may choose to comment on any other aspect of the Clearinghouse.

Please respond via e-mail to rlalonde@vivatexte.com. Your comments will come directly to us, not the Clearinghouse.

Thank you for your participation in this evaluation.

Wanda Jamieson
Project Manager, TDRS Evaluation"

---

[3] This text was provided in English and French. Note also that the invitation resided on the Website for approximately four weeks.